

### What to do in the event of a car accident?

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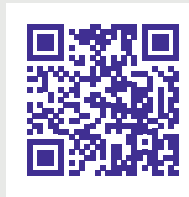
Call emergency services if someone is injured.

Fill out this document in order to exchange your information with the other person involved in the accident.

### After an accident

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Two options are available to you:



**Log in to  
your Client Centre**  
to make a claim  
and track it.

#### Call us

We'll guide you  
through the next steps.

**1 855 747-7711**

To find out more, visit [beneva.ca/en/claims](https://beneva.ca/en/claims).

### What's the purpose of a joint accident report?

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This document will help speed up your claims.

It isn't used to determine who is responsible for the accident.

## Vehicle A

Information about the other driver  
SECTION TO KEEP

### Accident details

Y | Y | Y | Y | M | M | D | D |

Date

Time

Location

Description of accident

Witness: name and phone number

Other damage than that to Vehicles A and B?  Yes  No

### Driver

First name

Last name

Address

City

Postal code

Email

Phone number

| | | | | | | | - | | | | | | | | - | | | |

Driver's licence

**Owner**  Same as the driver

First name

Last name

Address

City

Postal code

Phone number

### Vehicle

Make, model and year

Licence plate no.

Insurance company

Policy no.

**X**

Signature of Driver A

**X**

Signature of Driver B

## Vehicle B

Your information  
SECTION FOR OTHER DRIVER

### Accident details

Y | Y | Y | Y | M | M | D | D |

Date

Time

Location

Description of accident

Witness: name and phone number

Other damage than that to Vehicles A and B?  Yes  No

### Driver

First name

Last name

Address

City

Postal code

Email

Phone number

| | | | | | | | - | | | | | | | | - | | | |

Driver's licence

**Owner**  Same as the driver

First name

Last name

Address

City

Postal code

Phone number

### Vehicle

Make, model and year

Licence plate no.

Insurance company

Policy no.

**X**

Signature of Driver A

**X**

Signature of Driver B