



o/b 1216592 ON LTD



# Auto Claim

\*Please note...This **DOES NOT** constitute a report of your claim! You **MUST** contact KW Insurance Brokers either by phone (519) 744-4190, or in person at our office located at 501 Krug Street in Kitchener. If it is after business hours, please call the applicable emergency number for your company. *Once you have printed this form and entered your details, please deliver it to:*  
 KW Insurance Brokers, 501 Krug Street, Kitchener, ON N2B 1L3  
 or if you prefer by fax: (519) 744-7664.

### Your Insurance Information:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Insured:

Name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ ON Postal Code: \_\_\_\_\_

### Injured:

Name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_ Injured Location: Pedestrian Ins Veh Other Veh

Age: \_\_\_\_\_ years

Extent of Injury: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ years

Extent of Injury: \_\_\_\_\_  
 \_\_\_\_\_

### Witnesses:

Name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_ Witness Location: Pedestrian Ins Veh Other Veh

Name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address: \_\_\_\_\_ Witness Location: Pedestrian Ins Veh Other Veh

### Your Insured Vehicle:

Plate Number: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Driver's Name: Check here if same as owner Owner's Address: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_ Purpose of Use: \_\_\_\_\_

Driver's Date of Birth (dd/mm/yy) \_\_\_\_ \_\_\_\_ \_\_\_\_ Used with Permission: Yes No

Describe Additional Damage: \_\_\_\_\_  
 \_\_\_\_\_

Where can the vehicle be seen? \_\_\_\_\_

Is vehicle drivable? Yes No

### Other Party:

Auto Damage: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Licence Plate Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Driver's Name: Check here if same as owner

Driver's Name: \_\_\_\_\_ Driver's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Additional Information:

\_\_\_\_\_  
 \_\_\_\_\_