Motor Vehicle Liability Insurance

Motor Vehicle Loss Reporting Procedure

All accidents involving a Government vehicle or any leased vehicle must be reported promptly on a "Vehicle Accident Report" form.

Where there is injury, or where there is Third Party property damage in excess of \$1,000.00, report immediately by phone (867) 975-5809 or (867) 975-5825. Urgent facsimile (867) 975-5845 or e-mail: RiskManagementAndInsurance@gov.nu.ca and follow promptly with a written report.

Accident reports must include

- a fully completed Motor Vehicle Accident Report form.
- driver's and witness' statements.
- estimates of damage to Government vehicles, two whenever possible.
- photographs of damage, wherever possible.
- where applicable, a copy of the rental/lease agreement.

It is important that accurate records be kept of all costs and expenses related to the accident, Risk Management will require, for example:

- the repair invoice(s).
- purchase order(s) for parts if applicable.
- work order(s) if repaired in house

Legal Liability for Physical Damage to Rented Vehicles

Loss Reporting Procedures

ALL accidents involving vehicles rented on behalf of the Government must be reported promptly on a Vehicle Accident Report form. This report is required in addition to any accident report that may be required by the Vehicle Rental Company.

Accident reports must include:

- a fully completed Vehicle Accident Report form;
- drivers' and witness' statements;
- a copy of the rental company vehicle accident report;
- a copy of the vehicle rental agreement;
- all correspondence from the rental company with regard to the accident i.e. any demand for payment, estimates of damage or invoice for repairs.

Payment of the damages will be made, by our insurers, direct to the rental company.

Print, fill out and fax the following report to the Risk Management Office, Department of Finance in Iqaluit at: (867) 975-5845

Vehicle Accident Report

If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit telephone at (867) 975-5809 or faxed at (867) 975-5845 or email: riskmanagementandinsurance@gov.nu.ca.

General			
Department:	Location:	Region:	
Person Reporting:	1	Phone Nbr:	
Email:	Title:	Fax Nbr::	
-	'	·	
Details of Accident			
Date:	Time:	Location:	
Road Conditions:	Weather Conditions:	Speed:	
RCMP Investigated:	Detachment:	Charges Laid:	
If Yes, Describe:			
GN Vehicle			
Fleet Number:	Serial Number:	Licence Plate:	
Year:	Make and Model:		
Purpose of Trip:		Authorized By:	
Rented or Leased?	Owner Name and Address:		
Description of Damages:			
Estimate of Vehicle Damages:	Estimate of Damages to Non-Ve	ehicle Assets:	
positificate of vertical Damages.	Estimate of Barnages to Non Ve	Thole 7 toocto.	
GN Driver			
Name:	Sex:	Age:	
Address:	Jees	Driving Experience:	
Licence Number:	Circle One: operator	Number of Previous	
Licence Number.	chauffeur	Accidents:	
Damage to the Property of Others			
Was it: Motor Vehicle / Fixed Object	Describe Object:	- I-	
Owner's Name:	Owner's Address:	Owner's Phone Number:	
Estimate of Damage:	Describe Damage:	*	
If a Motor Vehicle	· ·		
Make/Model/Year:	Serial Number:	Licence Plate:	
Insurance Company:	Policy Number:	Agent:	
Driver's Name:	Driver's Age:	Driver's Sex:	
Driver's Licence Number:	Driver's Address:	Driver's Phone Number:	
	'	<u>'</u>	
Persons Involved in Accident			
1st Witness Name:	Type: Passenger / Passive	Address:	
Phone Number:	Age:	Sex:	
Employer:	Injured: yes / no	Where taken? How?	
2nd Witness Name:	Type: Passenger / Passive	Address:	
Phone Number:	Age:	Sex:	
Employer:	Injured: yes / no	Where taken?	
	,	How?	
3rd Witness Name:	Type: Passenger / Passive	Address:	
Phone Number:	Age:	Sex:	
Employer:	Injured: yes / no	Where taken?	

Important: Please include a (signed) driver's statement and diagram of the accident.

Please attach any other pertinent details and the name of any person who may be able to provide additional information.

Print, fill out and fax the following report and driver statement to: (867) 975 - 5845

Drivers Statement

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Driver's Signature	Date	

SELECT PART OF THE SKETCH MOST RESEMBLING SCENE
OF ACCIDENT AND ALTER TO OMIT TURNS OR SIDE
STREETS NOT APPLICABLE. SHOW POSITION OF VEHICLES
AND OBJECTS INVOLVED BEFORE, AT TIME OF, AND AFTER
ACCIDENT. SHOW TRAFFIC LIGHTS, SIGNS, AND DESIGNATION OF STREETS AND ROADS. IF IN COUNTRY, ALSO SHOW
DIRECTION AND DISTANCE TO NEAREST CROSS ROAD OR
LANDMARK.

USE FOLLOWING SYMBOLS TO ILLUSTRATE SKETCH

O PEDESTRIAN / ANIMAL
O BICYCLE / MOTORCYCLE
A CAR / VAN / PICK-UP
T TRUCK / BUS
TT TRACTOR TRAILER
S BUILDING / STRUCTURE

SHOW POINT AT WHICH OBSTACLE OR OTHER HAZARD
FIRST OBSERVED, BRAKES APPLIED OR OTHER ACTION
TAKEN. SHOW DISTANCE OF SKID AND ALL SUCH FACTORS.

NOTE: IF ACCOMPANYING SKETCH IS INADEQUATE, DRAW
SCENE ON SEPARATE SHEET.

