

# Accident Checklist

## Here's how to make your Accident Unhappen:



1. Stay calm. If injured, call 911.
2. If safe to do so, remove your vehicle from the roadway.
3. If possible, take photos of the accident scene. These photographs could become an important witness to what actually happened.
4. Use the form provided to record information regarding your accident.
5. Call 1-800-CARSTAR (1-800-227-7827). A live operator will assist you. If your vehicle is driveable, visit the nearest CARSTAR location or go to [www.carstar.ca](http://www.carstar.ca) to find a store near you.
6. Call your insurance representative.

With locations throughout 10 provinces across Canada, CARSTAR offers the highest rate of customer satisfaction, a Lifetime Nationwide Warranty and AIR MILES® reward miles.

### Bonus AIR MILES Offer\*

|                       |                                  |                            |                                  |                           |                                   |
|-----------------------|----------------------------------|----------------------------|----------------------------------|---------------------------|-----------------------------------|
| Call 1-800<br>CARSTAR | 10<br>AIR MILES®<br>reward miles | Come in for<br>an Estimate | 10<br>AIR MILES®<br>reward miles | Repair<br>your<br>vehicle | 75†<br>AIR MILES®<br>reward miles |
|-----------------------|----------------------------------|----------------------------|----------------------------------|---------------------------|-----------------------------------|

\* Must present Accident Checklist to be eligible to redeem AIR MILES® reward miles.  
† Minimum \$500.00 repair.



Where Accidents Unhappen.



Not available in British Columbia.  
Some terms and conditions apply.  
Visit [carstar.ca](http://carstar.ca) for details.  
Not applicable on MPI Claims.

### ACCIDENT NOTES

KEEP THESE NOTES FOR YOUR RECORD

|   |      |                             |                             |
|---|------|-----------------------------|-----------------------------|
| ACCIDENT DATE                                       | TIME | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| PLACE OF ACCIDENT                                   |      |                             |                             |
| OTHER DRIVER'S NAME                                 |      | PHONE NO.                   |                             |
| OTHER DRIVER'S ADDRESS                              |      |                             |                             |
| MAKE OF THE CAR                                     |      | YEAR                        |                             |
| PLATE NUMBER  |      |                             |                             |
| VIN OF INSURED VEHICLE                              |      |                             |                             |
| INSURANCE COMPANY                                   |      |                             |                             |
| POLICY NUMBER                                       |      |                             |                             |
| IF ADDITIONAL VEHICLE INVOLVED: OTHER DRIVER'S NAME |      | PHONE NO.                   |                             |
| OTHER DRIVER'S ADDRESS                              |      |                             |                             |
| OTHER DRIVER'S LICENSE NUMBER                       |      | PROV.                       |                             |
| DAMAGE TO OTHER CAR OR PROPERTY                     |      |                             |                             |
| PERSONS INJURED - NAME - ADDRESS - PHONE NO.        |      |                             |                             |
|   |      |                             |                             |
|   |      |                             |                             |
| WHERE TAKEN   |      |                             |                             |
| OCCUPANTS OF OTHER CAR - NAME - ADDRESS - PHONE NO. |      |                             |                             |
|   |      |                             |                             |
|   |      |                             |                             |
| WITNESSES - NAME - ADDRESS - PHONE NO.              |      |                             |                             |
|   |      |                             |                             |
|   |      |                             |                             |