

# Car Accident Claim

\_\_\_\_\_

Full Name

\_\_\_\_\_  
\_\_\_\_\_  
Address

The information collected in this document will help your insurance company determine the correct amount of accident benefits that you are entitled to receive.

I certify that the information provided is true and correct. I understand that it is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. I further understand that it is an offence under the Signature federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. I further understand that the information contained on this form may be used and disclosed in the manner described in my Application for Accident Benefits.

\_\_\_\_\_  
Damage

\_\_\_\_\_  
Amount

\_\_\_\_\_

Name of Applicant