

Legal Services

AUTOMOBILE ACCIDENT/INCIDENT FORM

This form applies to automobile accidents/incidents that occur **on or off the University of Windsor campus** in University owned/leased automobiles. If the accident occurs **on campus**, please contact **Special Constable Service**, they will then determine if the local police unit should be called. If the incident happens **off campus**, please act as if you are the owner of the vehicle. Do not admit liability. Please complete this form when you return to campus or within 48 hours of the accident/incident and send to Department of Legal Services, Attention: Insurance Officer (legalservices@uwindsor.ca).

Insured's Full Name and Address: University of Windsor
401 Sunset Ave., Windsor, ON N9B 3A8 (519) 253-3000 ext. 2080

Insurance Company: Northbridge General Insurance #0624540

Broker's Full Name and Address: NFP, an AON Company
1350 Provincial Road, Suite 200, Windsor, ON N8W 5W1 (519) 946-0366

1. ACCIDENT /INCIDENT DETAILS

Date and Time of Accident/Incident: _____

Conditions of Road, Weather, Lighting: _____

Description of Accident/Incident: _____

Location of Accident/Incident (this should include a diagram with the exact address and/or cross street):

Collision Reporting Centre to whom reported if any personal injury or damage is \$1,000 or higher (attach copy of report and number): _____

2. DRIVER, PASSENGERS AND VEHICLE INVOLVED IN UNIVERSITY OF WINDSOR BUSINESS

Name and Address of Driver: _____

U of W contact name, department & telephone number: _____

Drivers' License Number: _____

VIN: _____

Year / Make of Vehicle / Colour: _____

License Plate Number: _____

Remarks: current status and location of vehicle (if vehicle is towed confirm towing company): _____

Name, Address and Telephone Number of all Passengers if applicable (whether injured or not): _____

3. OTHER VEHICLE (S) OR PROPERTY DAMAGE

Year / Make of Vehicle / Colour (Note any prior damage on vehicle): _____

License Plate Number: _____

Other Driver's Name, Address and Telephone Number: _____

Owner's Name, Address and Telephone Number (if different from above): _____

Other Driver's License Number: _____

Owner's Driver's License Number: _____

Name and Address of Other Vehicle Owner's Insurance Company: _____

Insurance Policy Number and Period: _____

Name, Address and Telephone Number of all Passengers:

Damage to Property other than Vehicle; Name object, name, address and telephone number of owner, describe damage (a map of location and photographs, if possible): _____

4. WITNESSES

Names & addresses and telephone numbers of witnesses:

Signature of U of W Driver: _____

Date: _____

Signature of Department Head: _____

Date: _____

Submit Form To: Insurance Officer at lisa.ambedian@uwindsor.ca.