

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:		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-Vehicle Assets:	

GN Driver		
Name:	Sex:	Age:
Address:		Driving Experience:
Licence Number:	Circle One: operator chauffeur	Number of Previous Accidents:

Damage to the Property of Others		
Was it: Motor Vehicle / Fixed Object	Describe Object:	
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:

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? How?

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.

