



The Joint Report is a straightforward accident report. It serves only to identify the parties involved and to speed up claims settlement. Your signature is not an admission of liability. IMPORTANT: Complete the form, give the section containing your information to the other driver involved in the accident and keep the other section.

DRIVER A

Accident

Date of accident
2026-10-07

Time
14:00

Location
DEMO 1, H2X 1Y4 Montréal QC, CA

Driver

Driver's licence
DEMO-A

First name
Sam

Last name
Taylor

Address
DEMO 1

City
Montréal, QC, CA

Postal code
H2X 1Y4

E-mail
demo-a@example.invalid

Phone

Owner of the vehicle (or lessor for more than one year)

☒ Information same as driver's. If not, complete:

First name
Last name

Address

City
Postal code

E-mail
Phone

Registration certificate

Licence plate No
ABC 123

Year

Make of the vehicle
Toyota Corolla

Certificate of insurance

Insurance company
DEMO Insurance

Policy No
DEMO-A-0001

Description of accident and damages / Witnesses

Example: two vehicles make contact while parking.

Signature of DRIVER A

Signature of DRIVER B

DRIVER B

Accident

Date of accident
2026-10-07

Time
14:00

Location
DEMO 1, H2X 1Y4 Montréal QC, CA

Driver

Driver's licence
DEMO-B

First name
Alex

Last name
Morgan

Address
DEMO 1

City
Montréal, QC, CA

Postal code
H2X 1Y4

E-mail
demo-b@example.invalid

Phone

Owner of the vehicle (or lessor for more than one year)

☒ Information same as driver's. If not, complete:

First name
Last name

Address

City
Postal code

E-mail
Phone

Registration certificate

Licence plate No
DEMO B

Year

Make of the vehicle
Volkswagen Golf

Certificate of insurance

Insurance company
DEMO Insurance

Policy No
DEMO-B-0001

Description of accident and damages / Witnesses

Example: two vehicles make contact while parking.

Signature of DRIVER A

Signature of DRIVER B