

Please send completed forms to:
canadaclaims@arifleet.ca

Entity Name:	ARI Fleet card #:		
Driver Name:			
Bus. Phone: () - X:	Bus Cell #: () -		
Business Address:			
Your Vehicle: Is this an off road vehicle yes <input type="checkbox"/> no <input type="checkbox"/>			
Unit #:	Year/Make/Model:	Plate #:	Serial #:

Details of Accident			
Date: km/hr	Hour:	am <input type="checkbox"/> pm <input type="checkbox"/>	Approx. Speed:
Location/: (street) Province: BC		City:	
Road Conditions :		Weather Conditions :	
Provide detailed description of the incident / accident			
<div style="border: 1px solid black; height: 100px;"></div>			
Describe your vehicle damage :			
Reported to police yes <input type="checkbox"/> no <input type="checkbox"/>	Officer Name :		Badge #:
Police Report #:	Charges :		
ICBC File #:			

Other Parties* (if more than 1 other party involved please attach supplement with info)					
Reg. Owner:		Contact:		Phone #:	
License Plate #:	Prov/State:	Address:			
Policy #:	Ins. Company:			Phone #:	
Claim #:					
Driver Name :		Driver License:	Prov/State:	Phone #:	
How many Passengers?	Injured persons:		Name:	Describe:	
Police Attended? : Yes/No	File #:	Dept:	Officer:	Phone #:	
Witness Name:		Phone #:			
Witness Name:		Phone #:			

If applicable, please draw your own on a separate page and submit with report.

Please attach any documents needed (police reports, scene or damage photos, statements, receipts)

COLLECTION NOTICE AND CONSENT:

- The **reporting of accident information** constitutes the collection of “personal information” as defined under the Freedom of Information and Privacy Protection Act (FOIPPA).
- The creation of this record is required to manage all history associated with the Province’s vehicle fleet, the collection of which is authorized under Section 26 (c) of FOIPPA.
- Please contact Adam McKinnon (adam.mckinnon@gov.bc.ca), Senior Director, eProcurement and Sourcing Solutions, for any questions regarding the collection or use of this information.

For the purpose of section 30.1 (a) and 33.1 (1)(b) of the Freedom of Information and Privacy Protection Act, I _____ (name) consent to the storage and disclosure of my personal information (the **accident report**) inside and outside of Canada by ARI on this day _____(MM/DD/YY).