



## UBC Fleet Vehicle Accident/Damage Report

ALL accident damage incidents must be reported by the UBC Department/driver. The report must be completed, signed by the department head and submitted to Risk Management Services **within 48 hours** of the accident. Complete and save the document and email to: [insurance.ubc@ubc.ca](mailto:insurance.ubc@ubc.ca). All fields must be completed

### 1. UBC Vehicle Information

Driver's name (last name, first name)	Work Title
UBC Department, School, or Faculty	
UBC Department Address	
Phone	Email
Driver's license number	Vehicle license plate number
Make of vehicle	Name and contact information of passenger
Model of vehicle	
Year of vehicle	

### 2. Other Vehicle Information

Driver's name (last name, first name)	Driver's address
Phone (work) & (home)	Driver's license number
Make of vehicle	Vehicle license plate number
Year of vehicle	Model of vehicle
For vehicles that do not have a BC license plate, the following information is required	
Insurance Company name	Policy number
Agent name	Agent contact information (phone, email)
Name and contact information of passenger	



**3. Witness Information**

Name	Address	Phone number
Name	Address	Phone number
Name	Address	Phone number

**4. Accident details**

Date of accident	Time of accident
Place of accident	Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weather condition at time of accident	
Describe what happened in detail. Use the diagram at the end of this document to illustrate damage and accident. (Add a separate page if required)	

**5. Estimate of damage**

Damage to UBC vehicle (\$)	Damage to other vehicle (\$)	Property damage - other than vehicle (\$)
----------------------------	------------------------------	---

**6. Other data**

Was accident reported to ICBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ICBC Claim number
Was accident reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach police report

If damages are crime related (e.g. vandalism) please report this to the police AND, if on UBC campus, to Campus Security at (604)822-2222



Signature of Department Head	Signature of driver	Date
------------------------------	---------------------	------

### **Emergency & Safety Contact**

Police  
 Ambulance                         **911**  
 Fire

First Aid (UBC Campus)           604-822-2222  
 RCMP (UBC Detachment)         604-224-1322  
 ICBC Dial-a-Claim                 604-520-8222

### **Immediately After an Accident**

- Stop immediately (when it is safe), turn off engine and turn on 4- way Flashers.
- Investigate situation and assist any injured persons.
- Give your name, address, license plate number and driver’s license number to the other party whether requested or not.
- Record the same concerning the other party, including if possible names of passengers. Record on Section 2 (above page).
- Record name, phone number and address of witness (es) on Section 3 (above page).
- Take photos of the scene if a camera is available.
- **DO NOT ADMIT LIABILITY.**
- **DO NOT** discuss accident with anyone other than Police, representatives of ICBC and UBC Insurance & Loss Prevention.
- Contact local police if injuries occurred or if combined damage exceeds \$1,000. Provide witness list and statement of facts to investigating officer.
- Advise ICBC if injuries have occurred and/or if property of others is damaged.
- Complete the accident report on the reverse page and forward it to [UBC Insurance & Loss Prevention](#) within 48 hours.



### Accident Diagram

Using this diagram, please show where your vehicle was and which lane you were using. Draw arrows to indicate direction and distance to the nearest intersection. Also show the location of the other vehicle and which lane it was using.

