



What to do in case of Accident

Your Insurance Company: _____

Your Policy Number: _____

Your Agent: _____

1-800-CARSTAR for a CARSTAR location nearest you

Date of accident time: _____

Location: _____

Other Driver's Name: _____

Address: _____

City: _____

Province / Postal Code: _____

Phone: _____

Year / Make and Model of other driver's vehicle: _____

Insurance Company: _____

Agent: _____