You have had an accident, What do you do?

The stress of being in an auto accident, or having your car stolen is bad enough without having to worry about your insurance claim. At The Co-operators, we’re here to take care of your needs, and work with you so you can get on with your life as quickly as possible.

Your safety comes first. Make sure you and your family are OK, then take a deep breath, relax, and call your Co-operators Advisor if during business hours.

Advisor Name: 

Phone number: 

Or, you can contact our Claims Department directly at 1-877-NU-CLAIM (1-877-682-5246) any time. Representatives are available to assist you 24/7.

This form needs to be kept in your vehicle to use in case of an accident! Ensure your advisor name and phone number are filled in for easy reference.

On the back of this form, there is a section that you can tear off in case you need to give your information to someone else. Keep this in the glove box of your car so it is always handy.

The Claims Guarantee

The Co-operators is committed to the highest standards of integrity and client service. If you are faced with a potential claims situation, we guarantee that we will provide you with the following services:

1. **Claims Counseling:** You can contact us to ask questions on any claims issue – such as a car accident or damage to your home. We will answer your questions, confirm your coverages, record the details, and provide you with relevant information to help you decide whether or not to make a claim.

2. **Efficient Service Delivered With Respect:** Our dedicated claims professionals are available 24/7 and are consistently rated as one of the top teams for client satisfaction in Canada.

3. **Quality Repairs/Replacements:** If you submit a claim, you have access to our network of preferred vendors to repair or replace any damaged or stolen property. We guarantee the products and services of these vendors. Of course, you are free to choose your own vendor.

4. **Accident Forgiveness:** We were one of the first companies to offer “accident forgiveness.” If you have this coverage, your first at-fault accident is forgiven and your auto premiums will not increase.

5. **Service Review Panel:** If your claim has not been resolved to your satisfaction, you may have the option to submit your case to our Service Review Panel. This panel consists of volunteer clients – just like you – and is unique in the Canadian insurance industry. If the Panel recommends a change in the settlement of claim, we will follow their advice.

6. **Client Paid Claims:** If you decide to pay your own claim, your premium will not increase and we will not use this information to deny you coverage in the future.

(Please note there are some claims situations that require a full investigation. For example, claims with potential injuries, environmental losses, water damage or losses with legal involvement would need to be reported and investigated. Depending on fault, your rates may be impacted.)

The Co-operators
A Better Place For You
Accident Details

Date and Time: ________________________________

Location of Accident: __________________________

Description of Damage(s): ________________________

Name of Police Officer (if any): ________________________

Badge #: __________ Division #: ________________________

Phone Number: ________________________________

Towing Company Name: __________________________

Phone Number: ________________________________

Injuries (if any, record contact information):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Other Driver Information

Driver Name: __________________ Phone# : __________________

Owner Name (if different from driver) __________________________

Address: ____________________________________________

Driver's License Number: __________________________ Name of Insurance Company: __________________________

Policy Number: __________________________

Make/Model of Car: __________________ Plate #: __________________

Witness Name: __________________ Phone #: __________________

Please complete with your information and give to other driver

Your Name: __________________________ Your Phone: __________________________

Your Policy Number: __________________________