

Car crash questionnaire

What was the date and time of the accident? Date:	Time:	am / pm
Where did the accident occur?		
How did the accident occur?		
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Draw a diagram below and insert street names, intersections, cars et ICWA report, please provide a copy instead of you doing a diagram.	c. (If you have a copy	of Police/
Was anyone charged with a traffic offence? Yes / No		
Name of person charged:		
Name of any witnesses:		



Car crash questionnaire

Your car:
What is the damage to your car?
Was your vehicle insured? Yes / No
Name of insurance company:
Do you have written quotes of the repair costs?
What was the market value of the car before the accident?
What is the year and model of your car?
What is the date of purchase and the purchase price?
Other party's (OP) car:
What is the damage to the OP's car?
Was the OP's car insured? Yes / No
Name of insurance company:
Does the OP have written quotes of the repair costs?
What is the year and model of the OP's car?