

**DRIVER MUST TAKE LOTS OF PICTURES
(FRONT, SIDE AND BACK OF ACCIDENT),
OTHER PERSONS PLATE, DRIVER LICENSE,
INSURANCE PAPERS, ROAD CONDITIONS**

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Date of Report:		Your File#	
Registered Owner BN Dulay Trux Ltd.		Fax: (604)588-3856	
Contact Tony Dulay		Email: tony@bndulaytrux.com; SAFETY@BNDULAYTRUX.COM	
Address 10766 120th Street Surrey, BC V3V4G6		Phone# (604)588-8760	
Driver Name:		Driver License	Prov/State:
Date of Birth	Address:	Tel:	Cell:
Tractor Plate#	Unit#	Damage	Driverable (Yes/No)
Trailer Plate#	Unit#	Damage	Driverable (Yes/No)
Cargo		Cargo Insurer	
If NOT Driveable, current location:		Address:	Phone#
Tow Company:		Address:	Phone#

Driver Report

Date of Incident:	Time of Incident:	Weather:
City:	Prov/State:	Road Conditions:
Travel Direction	Street	Cross Street

Accident Description

**DRIVER MUST TAKE LOTS OF PICTURES
(FRONT, BOTH SIDES AND BACK OF ACCIDENT SCENE),
OTHER PERSONS PLATE, DRIVER LICENSE, WITNESS
INFO, INSURANCE PAPERS, ROAD CONDITIONS**



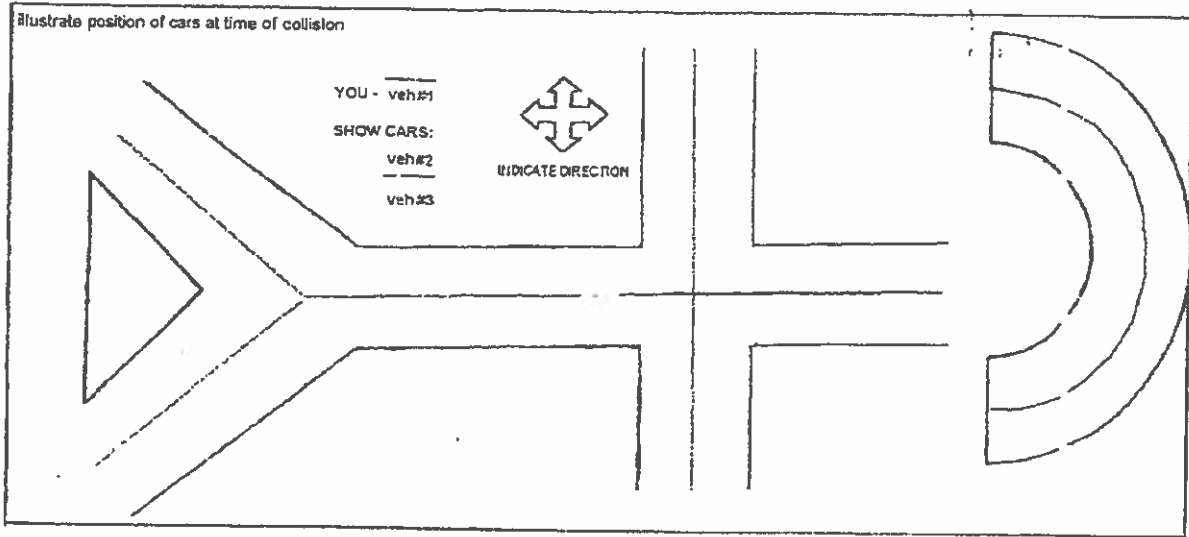
Email
Fleet.claims@icbc.com

Phone
 (604) 583-8688
 Toll Free
 (800) 458 1711

Fax
 (604) 585-0352
 Toll Free Fax
 (877) 592-8633

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If diagram is insufficient, please draw your own on a separate page and submit with report.



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? :	File #:	Dept:	Officer:	Phone #:	
Yes/No					
Witness Name:		Phone #:			
Witness Name:		Phone #:			

Are you accepting liability for this accident?
 Please attach any documents needed (police reports, scene or damage photos, statements, receipts)

Signature: _____

Date: _____