

Central Vehicle Agency Accident Report

Operations and Service Delivery

The form should be used for reporting an accident involving a Central Vehicle Agency (CVA) vehicle.

Issued: March 2018

Reviewed: July 2023

Next review: July 2024

Please ensure you have an SGI Claim number prior to submitting this form to CVA.

Once complete, please email to fleetserviceconsultants@gov.sk.ca

Date (MM/DD/YY)

CVA Vehicle

Unit Number

Operator name

Licence plate number

Business address of operator

Department

Headquarters

Current Location of unit

Odometer

Business telephone

Still in use

Government

Personal

Other Vehicle

Operator name

Owner name

Business address of operator

Licence plate number

Accident Details

Date of accident

SGI Claim Number *Required Before Submission

Day of week

SGI adjuster name

a.m.

p.m.

Time of accident

SGI address

\$

Location of accident

Damage estimate

Accident reported to:

Police

SGI

Windshield damage Yes No (complete sketch on reverse)

Fault:

CVA Operator

Other

Unknown

Request authorization to repair Yes No

Passenger names:

Injury:

CVA Vehicle

Other Vehicle

Operator Statement

Operator signature

Date

REPAIR AUTHORIZATION NUMBER

Have taken a defensive driving course

Yes No
Year _____

Supervisor's Statement

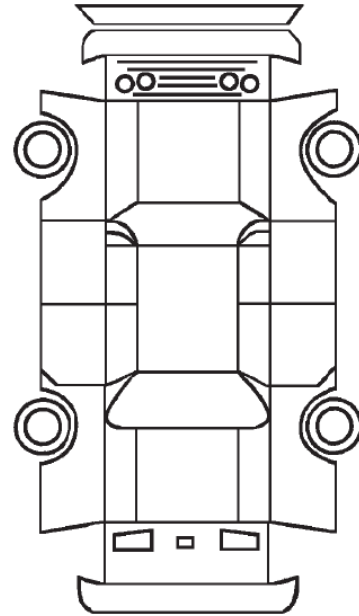
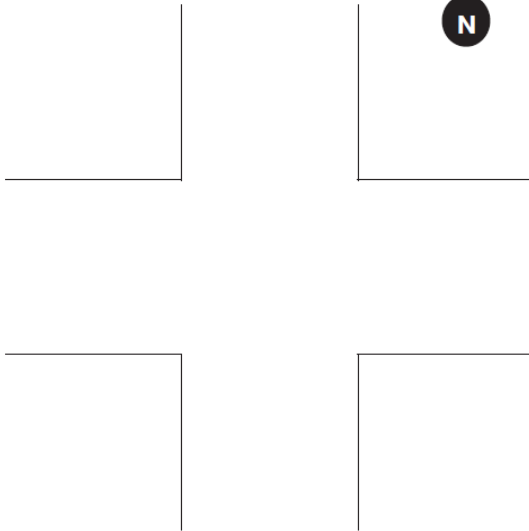
Supervisor signature

Title

Date

Please draw a sketch of the accident location, vehicle positions, etc.

Vehicle Damage



Comments/Additional Information

Large empty rectangular area for providing comments or additional information.