



## ACCIDENT INFORMATION REPORT

**We suggest that you keep this in your glove box and record as much information as possible straight after an accident.**

### ACCIDENT DETAILS

<b>Insured Name:</b>		<b>Your Registration:</b>
<b>Date:</b>	<b>Time:</b>	
<b>Location of Accident:</b>		
<b>Accident Description:</b>		

### OTHER VEHICLE DRIVER DETAILS

<b>Full Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Driver Licence No:</b>	<b>Licence Expiry:</b>
<b>Vehicle Registration:</b>	<b>Year, Make &amp; Model:</b>
<b>Insurance Company (if known):</b>	<b>Policy No:</b>

### OTHER VEHICLE OWNER DETAILS (If different from Driver)

<b>Full Name:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Email:</b>

### INDEPENDENT WITNESS DETAILS

<b>Full Name:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Email:</b>

### POLICE DETAILS (If applicable)

<b>Name of Police Officer:</b>
<b>Report Number:</b>
<b>Police Station:</b>

- If you have been involved in an accident, stay calm and check whether others need assistance.
- Move to the side of the road or somewhere safe, but do not leave the scene.
- Use headlights or hazard lights to alert other drivers/riders and prevent further damage.
- If the accident involves injury, or the vehicles are not able to be driven/ridden, call the police immediately. When the police arrive, give them full details of the accident.
- Check the damage of the cars/property involved and take photos if possible.
- If the accident isn't your fault, remain calm and don't admit fault (even saying sorry could prove guilt).
- Exchange details/information with the other driver. Fill out the other driver details in this brochure.
- Gather contact information from any witnesses.
- Contact our office at your earliest to start your claim - **\*A completed Claim Form by you will be required.**

You should also report the following to the police:

- any malicious damage to your vehicle;
- any theft or attempted theft of your vehicle.

