# **Accident Response Process**

# If you have an accident, remember these tips:

* Try to keep calm. Do whatever is necessary to protect your family members or passengers and your property
* Check for injuries, and get help if needed
* Do not leave the scene of an accident
* Do not admit responsibility for the accident
* scene or blame anyone else
* Do not discuss the scope of your insurance
* coverage
* Always notify law enforcement if there are injuries, death or significant property damage related to the accident
* Cooperate with law enforcement officials
* Record name, address and phone numbers of any witnesses; a witness is someone that saw the accident but was not involved in it
* Note the date, time and location of the accident. Record details like cross streets, lane configurations, and weather conditions
* Always report theft and vandalism losses to the police
* Report all losses to the company immediately

# **Drive Safely!**

# **Witness Details**

# Did anyone see the accident? Ensure that you ask around and, in particular, obtain details of anyone who witnessed the accident.

# Witness Name One ……………………………………………………………

# Address …………………………………………………………………………………………………………………………

# Telephone/Mobile Number…………………………………………………

# Witness Name Two .……………………………………………………

# Address …………………………………………………………………………………………………………………………

# Telephone/Mobile Number…………………………………………………

# **Are any other vehicles involved?** Note the following details:

* Make ……………………………………………………
* Model ……………………………………………………
* Registration Number ……………………………………………………
* Driver’s Name ……………………………………………………
* Address …………………………………………………………………………………………………………
* Details of damage ……………………………………….………………………………………………………………….

…………………………………………………………………………………………..

* Insurance details ………………………………………………………………………………………….

# **Was anyone injured?**

# Provide the following details:

# Name …………………………………………………

# Address ……………….…………………………………………………………………………………….

# Telephone/Mobile Number

# …………………………………………………

# Please tick one of the following:

# Driver  Pedestrian  Cyclist  Passenger 

# Do you know if a seat belt was worn? Yes  No  (Please tick)

# Apparent injuries …………………………………………………………………………………………………………………………………………………………………………………………………………

# **Was there any damage to property as a result of the accident?**

# This includes signage, streetlights, trees etc.? Please state:

# …………………………………………………

# ……………….…………………………………………………………………………………….

# …………………………………………………

# …………………………………………………………………………………………………………………………………………………………………………………………………………

# **Accident Details**

# Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form whilst the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

# **Who was in my car at the time of the accident?**

# Make sure you have this information for all passengers:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **If injured, nature of injury** | **Contact Number** | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Report to Authorities**

# Was a police report made?

# Yes  No 

# If yes, where:

# At scene  At Station  Posted 

# Crime Reference No: …………………..……. ………

# Name of Police Station …………………………………

# **Conditions at the time of the Accident**

# Road Conditions ………………………………………………………………………………………………………………………………………………………

# Weather Conditions ………………………………………………………………………………………………………………………………………………………

# **Damage to my car**

# Registration number and condition of the car I was driving

# …………………………………………………

# …………………………………………………

# Vehicle Mileage

# ……………….…………………………………

# Is the vehicle drivable?

# Please tick one of the following:

# Yes  No  Only to nearby garage 

# Area and extent of damage to my vehicle (please mark)

# **Information Exchange**

# Complete **one copy** of this form and give it to the other party. Give the other copy to the **other party** to complete and return to you. Seek information from police regarding injured parties.

# **About You**

# Driver’s Name …………………………………………………

# Address ……………….…………………………………………………………………………………….

# Telephone/Work Phone/Mobile Number

# ………………………………….

# Registration Number ……………….…………………………

# Email……………………………………

# **Owner’s Name**

# (if other than driver)

# …………………………………………………

# Address ……………….…………………………………………………………………………………….

# Telephone/Work Phone/Mobile Number

# ………………………………………………….

# Email…………………………………………...

# **About your vehicle**

# Make ………………………………………………

# Model …….……………..….…….…………

# Vehicle Registration Number ….……………………………………….………

# Insurance Company Name ……………………………….

# Policy No: …………..…………………

# Telephone Number …………………………………………………

# Is the Vehicle Drivable? …………………….

# Describe Damage to your Vehicle ………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# **Information Exchange**

# Complete **one copy** of this form and give it to the other party. Give the other copy to the **other party** to complete and return to you. Seek information from police regarding injured parties.

# **About You**

# Driver’s Name …………………………………………………

# Address ……………….…………………………………………………………………………………….

# Telephone/Work Phone/Mobile Number

# ………………………………….

# Registration Number ……………….…………………………

# Email……………………………………

# **Owner’s Name**

# (if other than driver)

# …………………………………………………

# Address ……………….…………………………………………………………………………………….

# Telephone/Work Phone/Mobile Number

# ………………………………………………….

# Email…………………………………………...

# **About your vehicle**

# Make ………………………………………………

# Model …….……………..….…….…………

# Vehicle Registration Number ….……………………………………….………

# Insurance Company Name ……………………………….

# Policy No: …………..…………………

# Telephone Number …………………………………………………

# Is the Vehicle Drivable? …………………….

# Describe Damage to your Vehicle ………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………