

If you are in an accident this card will make it easy to record the necessary details required to complete our official claim form

IMPORTANT

Keep this card in your Glove-box.

Do not admit liability.

Do not make any statement to anyone except the proper authorities, or an authorised insurance representative.

This is not a claim form.

Insured: _____

Driver: _____

ACCIDENT DETAILS

YOUR VEHICLE

Date: _____ Time: _____

Place of accident: _____

Conditions of road: Wet Dry Gravel Seal Other

Speed of vehicle: _____

OTHER VEHICLE

Drivers Name: _____

Address: _____

Make of vehicle: _____

Rego No: _____

Owned by: _____

Insured by: _____

POLICE

Reported to police: _____

Officers name: _____

Names & addresses of independent witnesses.

DAMAGE TO PROPERTY

Owner: _____

Address: _____

Damage: Premises Fixtures Other

DRIVERS NOTES ON ACCIDENT

DO NOT ADMIT LIABILITY

Indicate below the exact position of the vehicles involved. Show skid marks and measurements if possible, indicate your vehicle as #1 (other vehicles #2, #3 etc).

