

Details of "Accident"

If you have an accident, please fill out this form at the scene. It can also be helpful to take photographs with your mobile phone. **DO NOT ADMIT LIABILITY**

Date:	Time:	<input type="checkbox"/> Day (light) <input type="checkbox"/> Night (dark)
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Place of accident:

Condition of road: Wet Clear Dry Overcast Raining

Other Vehicle

Name of other driver:

Address:

Phone No:

Driver's Licence No:

Registration No:

Insured by:

Witness 1

Witness 1 name:

Address:

Phone No:

Witness 2

Witness 2 name:

Address:

Phone No:

Damage to property

Damage: Car Premises Fixtures (eg. Fence, Lamppost etc)

Other (please explain):

Drivers notes on accident

Include estimated speed of vehicles; traffic, manoeuvre being undertaken, signalling or lack of etc.

Do not admit liability

Indicate below the exact position of the vehicles involved. Show skid marks and measurements if possible, indicate your vehicle as number 1 (other vehicles as 2, 3, 4 etc).

