



Accident Detail Report

	Check that you, your passengers and those in other accident vehicles are not injured. If there are injuries call an Ambulance (000).	
	Turn off the ignition of all vehicles as a fire precaution. If there is a fire, call the Fire Brigade and Police (000). Call the police if there are any injuries, or there is major damage and the vehicles are undriveable.	
	If vehicles are drivable, park in a safe location to exchange details. If not, activate warning lights (if workable) and wait in a safe place until police arrive.	
□.	Complete Accident Detail Report, Other Driver's Details an	d Insurance Request Form and provide a copy to your insurer.
Fill in this form as soon as possible after your accident as it will help you accurately recall the details when asked by your insurance assessor.		
Your Details		
Nar	ne:	Contact Number:
Address:		
Driv	er's licence number:	Vehicle make & model:
Reg	istration number:	Insurance company:
Other Driver's Details		
Oth	er driver's name:	Contact Number:
Other driver's address:		
Oth	er driver's licence number:	Vehicle make & model:
Oth	er driver's registration number:	Insurance company:
General Information		
Dat	e of Accident: Time:	
Loc	ation:	
Road Conditions:		
Weather Conditions: □ Dry □ Wet □ Foggy □ Other Details:		
Light conditions:		