

ACCIDENT REPORT

Complete at scene of accident

Phone (04) 496 1705 Acc No:

YOUR VEHICLE

Regd No: Date:

Time: am/pm

Place of accident:

Condition of Road:

Direction:

Speed of your vehicle:

OTHER VEHICLE

Name of other driver:

Phone:

Make of vehicle:

Vehicle number plate:

Owned by:

Insured by:

POLICE

Reported to the Police?

Name and number of Officer:

Station:

DAMAGE TO THIRD PARTY

Name: Ph:

Insured by:

Damage: Car Premises Fixtures Other

WITNESSES

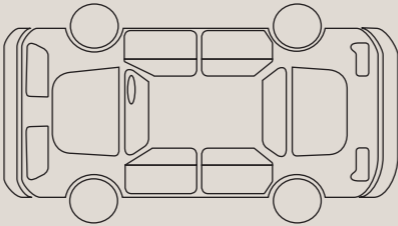
Names and phone numbers:

DRIVER'S REPORT

Description of accident:

Driver's name:

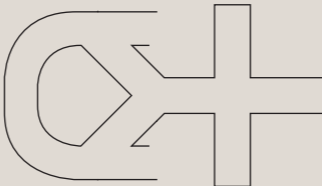
INDICATE DAMAGE



Describe and indicate damage:

INDICATE POSITION OF VEHICLES

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)



**DO NOT ACCEPT LIABILITY UNTIL
INVESTIGATED BY OUR INSURERS.**