



ACCIDENT REPORT DETAILS

Please make sure *ALL* the sections numbered 1-8 are completed where possible, *BEFORE* you leave the accident scene.

1 Your Full Name & Home Address

NAME

ADDRESS

_____ POST CODE _____

2 Occupation/Job Title

3 Accident Details

DATE
____ / ____ / ____

ROAD _____
AREA _____

4 Your Vehicle Reg. No.

5 Other Vehicle Reg. No.

6 Other Driver

NAME

ADDRESS

_____ POST CODE _____

7 Other Drivers Insurers

NAME

ADDRESS

_____ POST CODE _____

POLICY/CERTIFICATE No.

8 Witness

NAME

ADDRESS

TELEPHONE No.

Police Details

NAME/No.

ADDRESS

TELEPHONE No.

In the event of an incident

Exchange names, addresses and insurance company details, including policy/certificate numbers of all parties.

You should obtain the names and addresses of any witnesses.

Ensure the location details are noted, road name, road markings, road widths, traffic signs etc and make a rough sketch indicating the position of all parties vehicles. This is important in the event of any dispute concerning liability.

DO NOT ADMIT LIABILITY, AND/OR OFFER TO SETTLE THE THIRD PARTY CLAIM

Should the incident involve an injury to any party, the Police Authority should be notified immediately.

You should ensure all correspondence received is forwarded to this office unanswered and without delay.