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Vehicle Accident Checklist:

Initial Actions:	
	Stopped in a safe location Engine off and key removed Hazards on Check for any injuries Leave the vehicle and get to a safe location
Once	Out of the Vehicle:
	Police contacted if needed Information exchanged with any other vehicle Information of witnesses taken Photos of scene taken Photos of your vehicle taken Photos of any other vehicle or property damage taken Photos of any injuries taken Notes of scene made Breakdown assistance called if required Insurer notified
Notes	at scene:
Date	and time:
Weather conditions:	
Road conditions:	
Other	vehicles involved:
Vehic	le positions:
	age to any vehicles and property:
	s sustained:
Other	notes:
•••••	

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Driver name:
Driver contact number and address:
Vehicle registration:
Vehicle make and model:
Insurance details:
Witness name:
Witness contact number:
Witness name:
Witness contact number:
Witness name:
Witness contact number:
Fill in your details below then tear this off to give to the other driver
Driver name:
Driver contact number and address:
Vehicle registration:
Vehicle make and model: