

## Other Driver Details.....

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Car  
Make/model \_\_\_\_\_

Rego No: \_\_\_\_\_

Tp Insurer: \_\_\_\_\_

NOTE: Wherever possible take photos of your own damage, the third party damage, accident location and road markings.

## Witness Details.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Which Repairer to Choose?...

Your policy allows you the choice of your own authorised repairer and covers the cost of towing to the nearest repair shop. See our website for a listing of repairers.

**Contact our office at the earliest opportunity after an incident to notify us of an accident and to obtain a claim form.**

## Contact Us

Ph: (02) 9913 2002

Email: [claims@carriers-ins.com.au](mailto:claims@carriers-ins.com.au)



Your partner on the road ahead

# Glove-Box Accident Guide



**Address:**  
Suite 404, 4th Floor  
20 Bungan Street  
Mona Vale NSW 2103  
**ABN** 66 001 609 936

**Ph:** (02) 9913 2002  
**Fax:** (02) 9913 2007  
**Email:** [claims@carriers-ins.com.au](mailto:claims@carriers-ins.com.au)  
**Web:** [carriersinsurancebrokers.com.au](http://carriersinsurancebrokers.com.au)  
**AFS** Licence No. 246632

# When an Accident Happens...

## STOP AT ONCE

Protect the injured and where possible ensure safety at the scene of the accident

## DO NOT ADMIT FAULT OR LIABILITY

## EXCHANGE DETAILS

Give your name, address and registration number for the vehicle to the other party and police if they attend.  
Obtain the attending police officers name, rank, number and station.

If another vehicle is involved ensure you obtain:

1. The owners name, address and phone number
2. The drivers name, address and company (if a company vehicle)
3. The name of the owners insurance company
4. The make, type and registration number of the vehicle

## WITNESS

Get the names and addresses of all witnesses to the accident.

## NOTIFY THE POLICE IMMEDIATELY IF

- The other driver refuses to stop &/or exchange details
- The other driver appears to be under the influence of alcohol or drugs
- If anyone is injured
- If any vehicle needs to be towed

# Accident Details Your Version...

Location \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Rego \_\_\_\_\_

Driver Name \_\_\_\_\_

Licence No \_\_\_\_\_

Police Name \_\_\_\_\_

Event Number \_\_\_\_\_

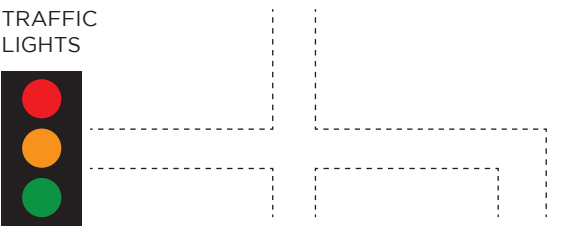
Can your vehicle be safely driven?

\_\_\_\_\_

\_\_\_\_\_

# Sketch of Accident Scene....

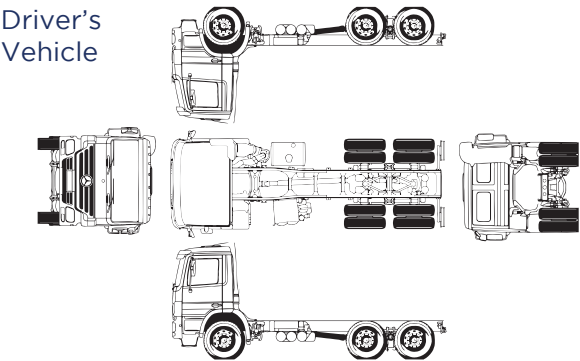
PLAN SYMBOLS:  
YOUR VEHICLE ■ → OTHER VEHICLE ○ →  
OTHER VEHICLE ○ → POINT OF IMPACT X



NORTH ↑ N  
STREET NAMES

## Extent of Your Damage....

Please shade in section on vehicle



## Extent of TP Damage....

Please shade in section on vehicle

