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MOTOR VEHICLE ACCIDENT INFORMATION FORM

Print this form off and keep a copy in your vehicle glove-box so that it is easy to hand in the unfortunate event of an accident.

Fill in as much information as possible in the fields below and retain as a record of the events for later use in insurance claims or prosecution.

Third party details

Name:

Address:

Telephone number:

Third party vehicle and insurance details

Make:

Model:

Registration number:

Insurance company (if known):

Insurance policy # (if known):

Injuries

Was anybody injured? If so give details.

Witness details

Name:

Address:

Telephone number:

What happened?

Include as much detail as possible:

Make a sketch

Label the sketch street names, vehicle directions of travel and locations, points of collisions of the vehicles. Make additional sketches if necessary showing any skid marks present including their location and length etc

Additional notes and comments

Make any additional such as the state of the other drivers in the accident: inebriated or using a mobile phone etc

Take a photo

If possible, using a camera or camera phone if available

**TBIB WILL ASSIST YOU WITH THE CLAIM LODGEMENT PROCESS PLEASE GIVE US
A CALL AS SOON AS POSSIBLE AFTER THE ACCIDENT.**