

Other Driver Details

Name of Registered Owner:

Driver: _____

Address: _____

Phone:(H) _____

(W) _____

(M) _____

Licence No: _____

Expiry Date: _____

Vehicle Make/Model: _____

Rego No: _____

Drivers Insurance Co.: _____

Extent of Third Party Damages

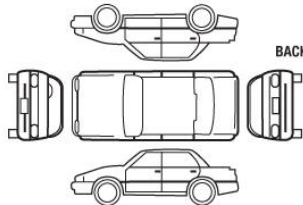
Please shade in section using most appropriate vehicle.

Extent of Third Party Damages Cont'd

Option A



Option B



Name: _____

Address: _____

Phone: (H) _____

(W) _____

(M) _____

Which Repairer?

Your policy allows you the choice of your own repairer, and covers the cost of towing to the nearest repairer.



TRANSPORT
INSURANCE
BROKERS

YOUR GLOVE-BOX ACCIDENT GUIDE

WHAT TO DO IN CASE OF AN
ACCIDENT

AUSTBROKERS AEI TRANSPORT PTY LTD

Contact Us to Assist You:

Head Office 02 8913 1600
Patrick Victor 0410 626 233

www.aeitransport.com.au

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
Just state facts.***

Exchange details

Give your name, address and registration number for the vehicle to the other party and policy if they attend. Also, obtain the attending police officer's name, rank, number and station.

If another vehicle is involved, obtain

- The owner's name, address and telephone number;
- The driver's name, address and company (if a company vehicle);
- The name of the owner's insurance company
- The make, type and registration number of the vehicle.

Witness

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

Police

Obey local police reporting procedures. Also notify the police immediately if the other driver(s):

- Refuses to stop
- Refuses to exchange details
- Appears to be under the influence of alcohol or drugs
- Someone is fatally injured or requires other medical attention
- Any vehicle involved needs to be towed away

Details of Accident

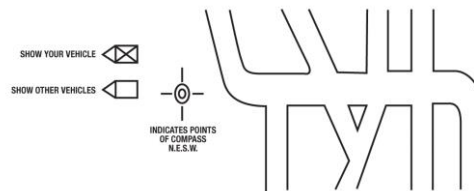
Place: _____

Were there Traffic Lights, Stop Sign, Give Way Signs, Other: _____

D Date: / / Time: am / pm

Sketch the Accident Scene

Include Traffic Lights, Street Names etc.
Indicate Point of Impact with an **X**



Description of Accident

Your Details

Your Rego No.: _____

Driver's Name: _____

Licence No.: _____

Expiry Date: _____

Police Office Name: _____

Event No: _____

Extent of Your Damages

Please show damages to your vehicle by shading in the area using the diagram below to assist.

