

ACCIDENT SCENE		PLEASE RECORD THIS INFORMATION <u>AT THE SCENE</u> WHILE DETAILS ARE AVAILABLE.					DATE		
									TIME
DRIVER OF OTHER VEHICLE NAME					DRIVER LICENCE NO.				
ADDRESS					HOME PH				
					BUSINESS PH				
DRIVER'S INSURANCE COMPANY NAME					DRIVER'S POLICY NO.				
OWNER OF THE VEHICLE IF NOT THE DRIVER NAME				ADDRESS					
OWNER'S INSURANCE COMPANY			OWNER'S POLICY NO.			HOME PH			
								BUSINESS PH	
OTHER VEHICLE	YEAR	MAKE	MODEL	BODY TYPE	LICENCE PLATE NO.	PROV. OR STATE			
	DESCRIBE APPARENT DAMAGE TO OTHER VEHICLE								
WITNESSES	ADDITIONAL PEOPLE IN OTHER VEHICLE	NAME		ADDRESS			PHONE NO.		
	WERE ANY OCCUPANTS OF OTHER VEHICLE INJURED? WHOM?								
POLICE	OFFICER'S NAME		BADGE NO.		STATION OR DIVISION		NAME OF POLICE FORCE		
OUTSIDE WITNESSES	NAME		ADDRESS			PHONE NO.			
WEATHER/ROAD CONDITIONS					ANY CHARGES LAID?				
DIAGRAM <div style="display: flex; justify-content: space-between; align-items: center; padding: 20px;"> <div style="text-align: center;">▪ W</div> <div style="text-align: center;">▪ N</div> <div style="text-align: center;">▪ E</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; padding: 20px;"> <div style="text-align: center;">▪ S</div> </div>					WHAT TO DO AT ACCIDENT SCENE				
					<input type="checkbox"/> If the accident is serious, notify the police. Ask for medical aid, if needed. <input type="checkbox"/> Do not admit or assume responsibility. Do not make statements to anyone other than police or YOUR insurance company representative. <input type="checkbox"/> Record the important information on this sheet <u>at the scene</u> of the accident. Obtain the names, addresses and telephone numbers of all persons involved. Get vehicle licence plate number(s). If police are called to the scene be sure to note their badge numbers. <input type="checkbox"/> If there are any witnesses be sure to obtain their names, phone numbers and addresses.				