

ACCIDENT INFORMATION FORM

Vehicle(make/model):	Colour:		Year:		Reg No:	
Vehicle description:						
Details of the damage:						
Driver:		License No:				
Address:						
P/Code:		Phone:				
Owner:						
Address:						
P/Code:		Phone:				
Insurance company with which the vehicle is insured:						
Precise words of "admission of fault" by the other party, if applicable:						
Witness 1:						
Address:						
P/Code:		Phone:				
Witness 2:						
Address:						
P/Code:		Phone:				
Accident location:						
Date:		Time:				
Weather:						
Memories can fade so it's worth your while to write a short account of how you believe the accident happened:						