



# Accident form

IF ANYBODY IS INJURED OR THERE IS MAJOR DAMAGE TO THE VEHICLES CALL THE POLICE/AMBULANCE/FIRE 000 IMMEDIATELY.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your Doctor: \_\_\_\_\_ Blood Type: \_\_\_\_\_

OBTAIN THE FOLLOWING INFORMATION FROM OTHER DRIVERS

Name: \_\_\_\_\_ MALE/FEMALE

Age: \_\_\_\_\_ Licence No.: \_\_\_\_\_

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

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Registration: \_\_\_\_\_ Make of vehicle: \_\_\_\_\_

Colour: \_\_\_\_\_ Insurance company: \_\_\_\_\_

Does the driver own the vehicle: YES/NO If No, who does?

Owner of vehicle: \_\_\_\_\_

OBTAIN WITNESS INFORMATION IF POSSIBLE

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

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

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

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

IF POLICE NOT CALLED, REPORT ACCIDENT TO NEAREST STATION AS SOON AS POSSIBLE.

Name of Officer: \_\_\_\_\_ Station: \_\_\_\_\_

Report No. \_\_\_\_\_

SHOULD A TOW TRUCK BE REQUIRED  
PLEASE CALL 0414 350 308

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