

Witness to accident

Name of Witness

Address

State	Postcode

Contact Numbers

Work	
Home	
Mobile	

Was the witness an occupant of the vehicle?

Yes

No

Draw a simple diagram

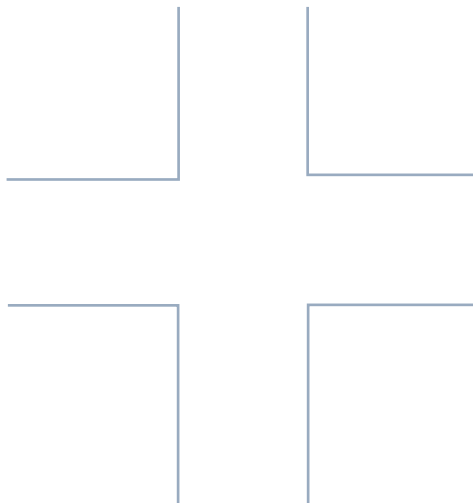
Mark your vehicle as A

Mark other vehicles as B, C r 1, 2, 3, etc.

Name the streets and any landmarks

Use the diagram or supply on a separate sheet.

please note: This is not a claim form.



Motor Claim Kit

What to do in the event of an accident

Young

198 Boorowra Street
Young NSW 2594
t +61 2 6382 7447
f +61 2 6382 7445

Cootamundra

Cohen's Corner
Cooper Street
Cootamundra NSW 2590
t +61 2 6942 7447
f +61 2 6942 7448

ABN 23 079 458 914
AFSL 306396



In the event of an accident

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

Also notify the Police if

- Someone is fatally injured or requires medical attention
- Any vehicle involved needs to be towed away
- Required by law

Write down vital details immediately on the accident detail form. See the accident details form enclosed for a list of the information you need to collect .

Don't just admit fault - just state the facts

Protect your legal rights - don't say the accident is your fault. Of course you should state the true facts of the accident in any statements, but the law does not require you to admit fault. (Admission of liability may result in your claim being denied).

Remember, there is no need to insist others are at fault.

Need to make a claim?

If your vehicle has been in an accident but is still drivable, obtain two (2) quotes from a licensed repairer of your choice.

If your vehicle needs to be towed, have it towed to the nearest repairer and lodge a claim immediately.

Need help?

For all claims related questions or to obtain a claim form or other contact details for your relevant insurance company, contact your nearest Dunk office.



Young
198 Boorowra Street
Young NSW 2594
t +61 2 6382 7447
f +61 2 6382 7445

Cootamundra
Cohen's Corner
Cooper Street
Cootamundra NSW 2590
t +61 2 6942 7447
f +61 2 6942 7448

ABN 23 079 458 914
AFSL 306396

Accident Details

Other driver's registration plate number and vehicle make and model

Name of other driver

--

Address

State		Postcode	

License No.

--

State of Issue

--

Contact Numbers

Work	
home	
Mobile	

Insurance Company

--

Where did the accident happen?

Suburb			
Street			
Cross Street			
Date	/	/	Time

Details of Damage to other driver's vehicle

Name of Police Officer

--

Station

Event No.

--	--