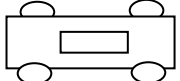
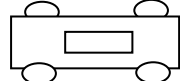


DETAILS OF ACCIDENT

| | |
|---|---|
| Other vehicle's Registration No: | |
| Make & Model: | |
| Drivers name: | |
| ID Number: | |
| Telephone: (W) | (H) (CELL) |
| Driver's address: | |
| Owner of other vehicle's name (if different to driver) | |
| Telephone: (W) | (H) (CELL) |
| Witness Name: | |
| Address: | |
| Telephone: (W) | (H) (CELL) |
| Where is the damage to your car?  | Damage to other car?  |
| Where did the accident take place? | Road closest? |
| Date & time of accident? | |
| Weather & road conditions? | |
| How did accident happen? | |
| Sketch of accident: | |

ACCIDENT LEAFLET

SIX STEPS TO FOLLOW WHEN YOU ARE INVOLVED IN AN ACCIDENT

- 1. STOP IMMEDIATELY*
- 2. CHECK THE WELL BEING OF YOURSELF AND PASSENGERS*
- 3. CONTACT THE CALL CENTRE/ASSIST LINE FOR TOWING ASSISTANCE*
- 4. GET VITAL INFORMATION OF THE ACCIDENT INCLUDING FULL DETAILS OF THE ACCIDENT, THE OTHER PARTY'S DETAILS AND/OR WITNESS CONTACT DETAILS - SEE THE OTHER SIDE OF THIS PAMPHLET*
- 5. REPORT THE ACCIDENT TO THE S A POLICE WITH 24 HOURS OF THE ACCIDENT*
- 6. REPORT THE ACCIDENT TO YOUR BROKER/INSURER AS SOON AS POSSIBLE*