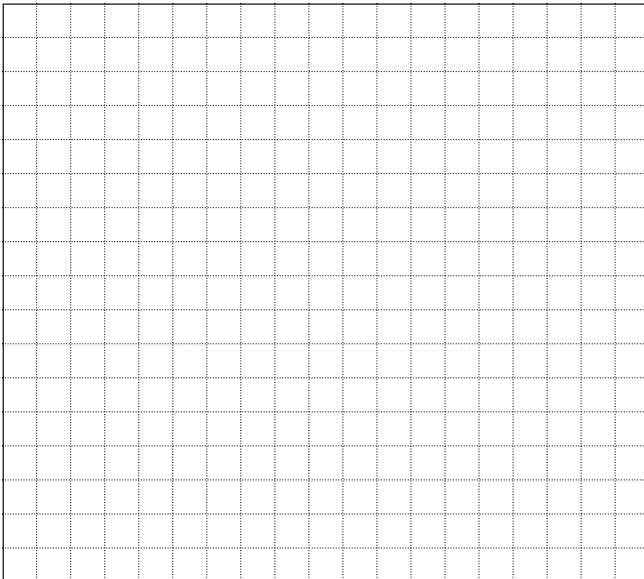


## 9. PLAN

Using the symbols below draw a diagram of the accident scene showing the position of all vehicles. Indicate by arrows the direction in which the vehicles were travelling, the names of the streets and the north point of the compass. Please identify any other vehicles involved as '2', '3', '4' etc. Include details of any signs or traffic light colours facing each driver and indicate approximate speed before braking.

1. Name the streets
2. Give width of streets
3. Indicate the line/lane markings\_\_
4. Show Giveway ▼ Stop signs ○
5. Show traffic control lights ⊗
6. Indicate directions with arrows
7. Indicate distances ← 6m
8. Indicate speed → 25km/h→
9. Accurately show position of vehicles and witnesses
10. Show your vehicle ■→ and the other vehicle □→
11. Show point of contact 'X'



# VEHICLE ACCIDENT CARD

Accidents can put those involved under a great deal of stress making it difficult to recall events and circumstances accurately. It is suggested therefore, that this card be kept in the vehicle's glove box to assist in gathering important details at the scene.

While this is not a claim form, the information collected will make it much easier to complete a claim form when required. Full all enquiries and claim forms, please contact Westminster.

Telephone 61-8-6210 8888

Fax 61-8-6210 8899

Toll Free 1-800-625-988

Email: [info@wbh.com.au](mailto:info@wbh.com.au)



## VEHICLE ACCIDENT CARD

# WHAT YOU SHOULD DO AT THE SCENE OF AN ACCIDENT.

### 1. POLICE

Notify the police if the damage exceeds the limit specified in your State's regulations or if any person is injured and record details.

Officer: \_\_\_\_\_ Station: \_\_\_\_\_

Report No.: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. LIABILITY

Do not admit liability or offer payment to any other involved party.

### 3. OTHER VEHICLES

Write down the full details of any other vehicles involved.

Owner: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Style (sedan, wagon, ute, van): \_\_\_\_\_

Colour: \_\_\_\_\_

Licence plate number: \_\_\_\_\_

### 4. OTHER DRIVER/S

Write down the full details of driver/s of other vehicles involved.

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

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

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Driver's licence No.: \_\_\_\_\_

### 5. WITNESSES

Write down the full details of witnesses.

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

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

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_

### 6. DATE, TIME OF DAY & CONDITIONS

Briefly note the time of day and driving conditions at the time of the accident.

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

Time: \_\_\_\_\_ am/pm

Conditions (dry, clear, rain, cloud): \_\_\_\_\_

Road conditions (dry, wet): \_\_\_\_\_

Visibility: \_\_\_\_\_

### 7. LOCATION

Note the street name where the accident occurred and the nearest intersection. (Please complete plan on reverse.)

### 8. REPORT THE ACCIDENT

Call Westminster to report the accident and request a claim form. Our staff will be happy to help you with anything you are not sure about and will also help you to arrange repairs.