

ROAD TRAFFIC COLLISION INFORMATION FORM

Our insurance details: for third party information

[INSURER NAME] [POLICY NUMBER]

VEHICLE DETAILS

Make	Model	Registration

DRIVER DETAILS

Name	Date of Birth	Branch working from

COLLISION DETAILS

Day / Date /Time of collision:
Location of collision:

Circumstances of the collision:

Please provide as much detail as possible on the events leading up to the collision. Use additional pages as required.

Please draw sketch/diagram of collision scene on reverse, and/or take photographs of the scene using the single-use camera provided in your vehicle or the camera on your mobile phone if you have one.

THIRD PARTY DETAILS

NAME	ADDRESS	INSURANCE	REGISTRATION

WITNESS DETAILS (if any)

Name	Address	Where were they?

INJURED PARTIES (if any)

Name/Address	Nature of Injury	Where were they?

POLICE DETAILS (if attended)

Officers Name	Police Station from	Shoulder Number

ANY ADDITIONAL INFORMATION YOU WISH TO ADD

Use additional pages if required

Additional information required:

Weather conditions at time of collision:

Speed of your vehicle at time of collision:

Approx speed of Third Party vehicle at time of collision:

Driver's signature

Date