

Accident Scene Checklist

Print off this form and keep in your glove box, to use in case of an accident.



If you have a road accident you must STOP.

Move your vehicle if safe to do so. Switch off your engine and turn on your hazard lights.

Check that no one has been injured in the accident.

You are required to give your name and address to anyone else involved in a motor accident.

Remember to take important details:

- Date / Time of accident
- Details of Drivers / Vehicles involved
- Road names/ Location
- Details of any witnesses
- Take photos of the scene
- Make a sketch of the incident

Report the accident to Plan Claims Line – 0333 003 0613

Car accidents should also be reported to the police within 24 hours. Failure to do so could result in a fine, penalty points or even disqualification.

Date:

Time:

Road Name / Location:

Vehicle and Driver / Third Party Details (repeat as necessary)

Registration number:		Make:		Colour:	
Name:		Model:			
Age (estimate):		Is the driver the registered keeper of the vehicle? YES / NO			
Contact Number:		If NO, take the name and address of the person who is:			
Address:		Name:			
		Address:			
Driver Injuries (if any)		Insurer's name & Policy Number of the other driver			

Details of any passengers in this vehicle

Name:	Name:	Name:
Age (estimate):	Age (estimate):	Age (estimate):
Contact Number:	Contact Number:	Contact Number:
Injuries (if any)	Injuries (if any)	Injuries (if any)

Independent Witness Details

Name:	Name:	Name:	Name:
Contact Number:	Contact Number:	Contact Number:	Contact Number:
Injuries (if any)	Injuries (if any)	Injuries (if any)	Injuries (if any)