# Scene of Accident Exchange of Details Form

## Important Information

Please retain the information and details of our employee for your records.

To be completed by the driver of company vehicle and handed to the other person involved in the accident.

|  |  |
| --- | --- |
| Policyholder name (employer of insured driver) and address: | |
| Policy Number (if known) | |
| Driver Name | |
| Vehicle Registration | Vehicle Make |
| Fleet Number |  |
| Date of Incident | Time of Incident |

## Incident Details:

Location:

Signature of employee

**Our motor fleet insurers are:**

Insert details here.

If you think you have a valid claim against the driver of the vehicle involved in this accident, please call (Insert Insurer Name here) immediately on:

(Insert phone number here)

# Important Information For You as a Third Party Involved in an Incident With Our Driver

If your vehicle is damaged, please see the information below:

You have a common law duty to keep the expenses involved in repairing your vehicle to a minimum. Our driver does not admit liability whether written, spoken or implied.

Please call (insert appropriate phone number here)

If the collision involving your vehicle was the fault of our insured driver, we can:

* Help you get your vehicle repaired by approved garages that provide guaranteed work.
* Provide you with a replacement vehicle so you can stay mobile. The replacement vehicle costs will be explained to you so you can make comparisons with other providers of replacement vehicles.
* Arrange collection of your vehicle for repair and delivery to you once the repairs have been completed.
* Pay you market value for your vehicle if it is damaged beyond repair and arrange for disposal of the vehicle.

To discuss your claim, please call (insert phone number here). If you have doubts about what action to take, you may wish to speak to your insurance advisor or seek legal advice before you call us.

# Scene of Accident Exchange of Details Form

## Important Information

Please retain the information and details for your records.

Third party information to be retained by our driver and handed to fleet manager for (Insurance Company Name) attention.

|  |  |  |
| --- | --- | --- |
| Policy Holder | Policy Number | |
| Driver Name and Address | | |
| Vehicle Registration | Vehicle Make | |
| Date of Birth | Date Driving Test Passed | |
| Were you fully to blame for the accident? | YES | NO |

## Third Party and Accident Details:

Driver name, address and postcode

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vehicle owner (if different from driver) | | | | |
| Tel number | Email | | | |
| Vehicle registration | Vehicle make | | | |
| No. of Passengers | Is the driver or passengers injured? | | | |
| YES | | NO | |
| Details of any injuries | | | | |
| Details of the incident | | | | |
| Insurance company for third party | Policy Number | | | |
| 3rd party insurance address | | | | |
| Date and time of incident | | | | |
| Location of incident | | | | |
| Have you taken any photographs? | YES | | NO | |
| Have you signed and exchanged details with the other driver? | YES | | NO | |
| Did the 3rd party require medical attention? | YES | NO | | REFUSED |
| Signature of 3rd party driver | 3rd party refused to sign? | YES | | NO |

**Exchanging Details Information**

We have put this form together so that you are able to ask the correct questions following a road incident. The form complies with legal and company requirements.

### Please ensure you do the following:

* Follow legal requirements and stop at the scene of the accident.
* Record the details of the other parties involved in the incident.
* Fill in the attached form and give the tear-off section to the third party.
* Record names and addresses of any witnesses.
* Write down any damage and circumstances.
* If a third party is injured and details are not exchanged, you must report this to the police within 24 hours.
* Insurance details must be provided to the Police if there are any injured parties.
* Immediately inform your line manager if you are cautioned by police or called as a witness.
* Take photographs using your mobile phone and if the accident appears suspicious, take a photograph of the third party driver if it is safe to do so.
* Draw a sketch of the vehicle positions and any skid marks.

### Do not:

* Admit any liability, whether it is written, spoken or implied.
* Discuss the incident with anyone other than the police or an official from your company.
* Contact any other parties involved in the incident.
* Make an official police statement when in shock or upset.

### An Accident Report Form must be completed as soon as you return to your work premises.

|  |  |
| --- | --- |
| ***Police Details:*** | ***Ambulance Details:*** |
| Badge Number | Badge Number |
| Name of Officer | Name of Paramedic |
| Police Station | Ambulance Station |
| ***Witness 1:*** | ***Witness 2:*** |
| Name | Name |
| Address/Postcode | Address/Postcode |
| Telephone Number | Telephone Number |
| Location at incident | Location at incident |

***Please hand this completed form to your line manager or fleet manager***