ACCIDENT FORM

Phil Gilbert Accident Assist 1300 652 379 www.philgilbert.com.au/accidentassist

We understand that having an accident can be stressful. The best way to minimise the stress in the long term is to collect as much information as you can now. Please complete the form.

Accident Details

Date of accident .....

Time of accident .....

Place .....

Weather conditions .....

Your vehicle (check box) Stopped in traffic ☐ Moving ☐
Legally parked ☐ Other ☐

Other vehicle (check box) Stopped in traffic ☐ Moving ☐
Legally parked ☐ Other ☐

Describe what happened

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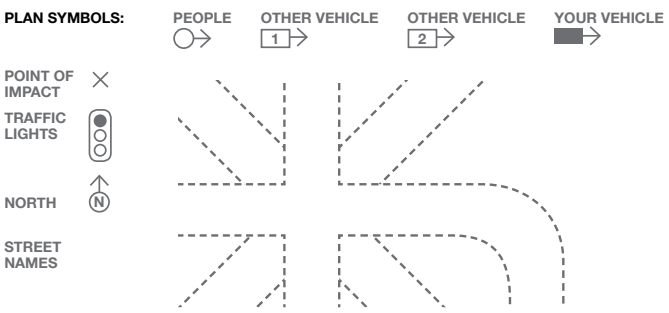
Diagram



Other Vehicle Information

Drivers name .....

Drivers address .....

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State ..... Postcode ☐☐☐☐

Drivers phone number .....

Drivers licence number .....

Drivers licence expiry date...../...../.....

Car make & model .....

Registration number.....

Insurance company.....

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Witness Details

Witness name .....

Witness address .....

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State ..... Postcode ☐☐☐☐

Witness phone number .....

Phil Gilbert
MOTOR GROUP