

HAD A MOTOR ACCIDENT? HERE IS WHAT YOU NEED TO DO NEXT

IMPORTANT An accident is always unfortunate for everybody involved, no matter who's at fault. I'm In The Right provides this card to assist you.

If you are not at fault, you might be entitled to a replacement vehicle with costs covered by the at fault party.

Fill in your details on the detachable part of the brochure, tear off this section and give it to the other driver involved in the traffic accident.

ACCIDENT SUPPORT HOTLINE 1300 004 487

Stay calm and follow these steps:

STEP 1 Make the scene safe. Call 000 if someone is injured

STEP 2 Fill in Section A of this card. Check the other driver's licence and registration plates to confirm the correct information.

STEP 3 Find a witness(es), take photographs of the accident scene, and fill in Sections B and C of this card.

STEP 4 Fill in Section D of this card and give it to the other driver. Do not admit liability.

STEP 5 If you are unable to drive your vehicle, call our Tow Truck Hotline on 1300 004 487 (services available 24 hours a day). We will help make arrangements for emergency towing.

HOW TO REPORT THE MOTOR VEHICLE COLLISION

I'm In The Right accident experts are available 24/7 through our hotline on **1300 004 487**.

Our experienced accident consultants will guide you through the next steps and arrange repairs to your vehicle.

Section A - Other Driver's Details:

Name: _____
Address: _____
Phone: _____ Licence No: _____
Vehicle Make: _____
Model: _____ Year: _____
Rego Number: _____ State: _____
Insurance Company: _____

Section B - Accident Details:

Date of the accident: _____
Time of accident: _____
Location: _____
Accident details: _____
Witness's name: _____
Address: _____
Phone: _____

Section C - Additional Details: Add details of police, other vehicles, conversations, or take a photo

TEAR OFF SECTION FOR OTHER DRIVER

Section D - Your Personal Details:

Name: _____
Address: _____

Phone: _____
Licence No: _____
Vehicle Make: _____
Model: _____
Year: _____
Rego Number: _____
State: _____
Insurance Company: _____

