INFORMATION TO OBTAIN AFTER AN ACCIDENT OCCURRED (keep in your car)

KotFou Brokers: 0861 123 224

Client name:			
Date of accident		Driver:	
Own vehicle: Make		ID #:	
Own vehicle: Reg #		License # (att copy):	
		Telephone #:	

Other vehicle 1: Make		Other vehicle 2: Make	
Registration #:		Registration #:	
Name of driver:		Name of driver:	
Name of owner:		Name of owner:	
Telephone #:		Telephone #:	

Speed before accident		Speed on impact	
Visibility		Road surface	
Weather conditions		Width of road	
Street lighting		Which vehicles lights	
Any warning given		were on	

Address of accident:		Tow-in service used:	
Time of accident:		Contact person:	
Police station:		Telephone #:	
Contact person:			
Police reference:			

Eye wittness # 1		Eye wittness # 3	
Telephone #:		Telephone #:	
Eye wittness # 2		Eye wittness # 4	
Telephone #:		Telephone #:	

Description	
Sketch	