

FOR URGENT CARE 24 USE ONLY

DO NOT PASS TO ANY OTHER PERSONS

If you have an incident:

1. Stop.
2. Remain calm.
3. Call the emergency services if anyone is injured or if vehicles or property are seriously damaged. If the police attend the scene, note the reporting officer's name, number and station.
4. Use this incident form to record information about the accident, to exchange details with third parties and to take the names and addresses of witnesses and police officers.
5. Third parties are obliged to give you their name, the vehicle registration number and insurance details under section 170 of the Road Traffic Act 1988.
6. If a camera is available, photograph the scene from different angles. Take pictures of the vehicles involved and of the damage to your own and third party vehicles/property.
7. Contact your line or transport manager

TO BE RETAINED BY COMPANY DRIVER

ACCIDENT DETAILS

Date:

Time:

Location:

Speed Limit:

Road Conditions:

WRITE A BRIEF DESCRIPTION OF WHAT HAPPENED

POLICE DETAILS

Police Attended: Y/ N Time:

Officer's Name:

Phone:

Reporting Officer's Station:



OTHER VEHICLE/PROPERTY DAMAGE (Use additional cards if required)

Vehicle Type:

Make/Model:

Driver Name:

Registration Number:

Address:

Phone:

Third Party Insurer:

Policy number:

INCIDENT SKETCH

Make a sketch of the incident scene below. Show the directions of the vehicles involved and note their approximate speeds. Indicate road markings, skid marks, hazards and the witnesses' locations.

Description of damage to other vehicles/property:

WITNESS DETAILS (Use additional cards if required)

Witness 1 Name:

Address 1:

Phone 1:

WRITE A BRIEF DESCRIPTION OF WHAT HAPPENED

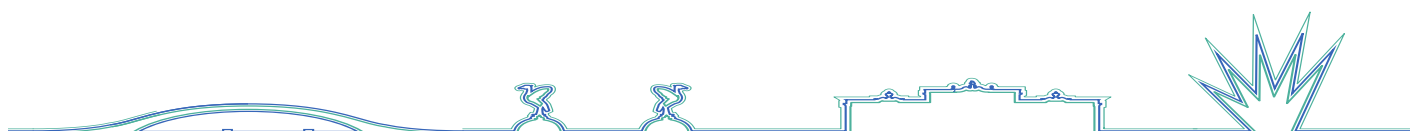
Witness 2 Name:

Address 2:

Phone 2:

WRITE A BRIEF DESCRIPTION OF WHAT HAPPENED

Signature (Drivers): _____



The Roy Castle Building
4 – 6 Enterprise Way
Wavertree Technology Park
Liverpool
L13 1FB
T: 0151 254 2553
W: www.urgentcare24.com

To the other party Involved:

INCIDENT DATE:

INCIDENT TIME:

LOCATION:

UC24 Drivers Name (First Name Only):

UC24 CAR REGISTRATION:

MAIN COMPANY ADDRESS: Urgent Care 24, 4 – 6 Enterprise Way, Wavertree Technology Park, L13 1FB

Insurance Company: Insurers – Aviva, done via broker Griffiths and Amour.

The main base is open Mon – Fri 09:00 – 17:00

Tel: 0151 254 2553

