



TruckSure

DRIVER'S ACCIDENT REPORT KIT

Steps to follow in the event of an accident

1. Remain at the scene. Turn on hazard lights, set out flares or reflectors.
2. Check for immediate danger, such as fuel spills.
3. Ensure that seriously injured parties are cared for. If necessary, call an ambulance.
4. Notify the Police.
5. Notify your employer and have your employer notify **TruckSure** immediately on **0800 287 287**.
6. Have witness cards filled out by anyone who saw the accident.
7. Complete this accident report at the scene of the accident.
8. If possible, take pictures of the scene. Do not take photographs of victims. Use your mobile phone or digital camera.
9. Do not discuss the accident with anyone except the Police, your employer or a TruckSure representative.
10. Submit this report to your supervisor as soon as possible. Do not distribute or copy this report to others.

This report is to be completed at the scene of the accident by the driver. It is for your internal records only and should not be submitted to **TruckSure**. After any accident or loss, notify your employer and have them call **TruckSure** immediately on **0800 287 287**

To order additional kits please call **0800 287 287**

Claims email: stephen@multisure.co.nz

Or visit our website: www.trucksure.net.nz



TruckSure

Insured Information:

Name: _____
 Address: _____
 Phone: () _____ Fax: () _____
 Mobile: () _____ Email: _____

Driver Information:

Name: _____
 Address: _____
 Phone: () _____ Licence Number: _____
 Expiry Date: _____

Vehicle Information:

Describe the unit or tractor that you were driving:
 Year: _____ Make: _____ Colour: _____
 Unit #: _____ Registration #: _____
 Describe the type of trailer(s) that you were pulling:
 Year: _____ Make: _____
 Unit #: _____ Registration #: _____

Cargo Loss Information:

What is the cargo?: _____
 Was the cargo damaged?: Yes No
 Describe the damage to the cargo: _____

Accident Information:

Date: _____ Time: _____ Number of vehicles involved: _____
 Street name(s) where the accident occurred: _____
 City: _____
 Landmarks: _____
 In what direction were you travelling?: _____
 Just prior to the accident, at what speed were you travelling?: _____ km/h
 Were your headlights on when the accident occurred?: Yes No
 What lane were you in? (lane closest to the shoulder is Lane 1): _____
 How many lanes wide is the road in one direction?: _____
 Were warning signals given prior to the accident occurring?: Yes No
 If yes, what was the signal given and by whom?: _____

Injuries:

Did anyone suffer an injury?: _____
 Serious:
 Moderate:
 Treatment?: _____



Describe how the Accident Occurred:

Using the space below, sketch how the accident occurred. **Please indicate your position prior to impact, the point of impact and your final resting point.** Mark your vehicle as “Vehicle A” and all other vehicles involved as Vehicles 1, 2, 3, etc. Please indicate the direction in which you were travelling. Include street names, street signals and stop signs in your sketch.



Please describe all the details of the accident:

Witness Information: (to be collected by the driver)

License plate number of vehicles at the scene of the accident – but not involved in the accident – who could act as witnesses:

1 _____ 2 _____ 3 _____

Police Information:

Were the police present at the accident?: Yes No
Officer # 1 name: _____ Badge number: _____
Office # 2 name: _____ Badge number: _____
Station: _____ Phone: () _____
Report #: _____ Was anyone arrested?: Yes No
Name of person arrested: _____

Third-Party / Other Vehicle Information – Vehicle 1:

Year: _____ Make: _____
Colour: _____ Plate #: _____
Driver's name: _____
Driver's address: _____
Driver's phone: () _____
Driver's Licence #: _____
Owner's name: _____
Owner's address: _____
Owner's phone: () _____
Insurance Company: _____ Policy #: _____

Third-Party / Other Vehicle Information – Vehicle 2:

Year: _____ Make: _____
Colour: _____ Plate #: _____
Driver's name: _____
Driver's address: _____
Driver's phone: () _____
Driver's Licence #: _____
Owner's name: _____
Owner's address: _____
Owner's phone: () _____
Insurance Company: _____ Policy #: _____

Witness Card # 1:

If you were a witness to this accident, please complete these details and return to the driver.

Name: _____
Address: _____
Phone: () _____
Did you see the accident occur? _____
Please describe where you were when this accident occurred: _____
What do you think caused this accident?: _____

Thank you for your assistance

Witness Card # 2:

If you were a witness to this accident, please complete these details and return to the driver.

Name: _____
Address: _____
Phone: () _____
Did you see the accident occur? _____
Please describe where you were when this accident occurred: _____
What do you think caused this accident?: _____

Thank you for your assistance