

## REMEMBER

Never admit fault – just state the facts.  
Never offer payment to any other involved party.  
There is no need to insist others are at fault.

## TO MAKE A CLAIM

Call Knight Management Services to report the accident. Our friendly staff are on hand to answer your questions and help you to arrange the repairs.

For your information we also arrange insurance:

- Boat
- Business Insurance/Public Liability
- Caravan
- Home and Contents
- Landlord
- Personal Accident/Sickness
- Travel Insurance
- Workers Compensation
- Term Life
- Trauma

Call us for a comprehensive quality competitive price.



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**KNIGHT MANAGEMENT  
SERVICES PTY LTD**

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## MOTOR VEHICLE ACCIDENT GUIDE

Motor Vehicle accidents can be stressful to those involved, which can make it difficult to accurately recall the details at a later time.

This Guide should be kept in your vehicle's glove box and used to gather "on the spot" information for later use when lodging a claim.

For all enquiries or to lodge a claim, please contact :

**Knight Management Services Pty Ltd**

**Telephone: (08) 9474 4466**

**Facsimile: (08) 9474 1373**



**1. Notify the police immediately if the driver of the other vehicle:**

- Refuses to stop.
- Refuses to exchange details.
- Appears intoxicated or under the influence of drugs.
- Someone is fatally injured or requires medical attention.
- Any vehicle involved requires towing
- The damage exceeds the limit specified in your state's regulations.

**2. Once the police have been notified record the following police details:**

- Officer \_\_\_\_\_
- Station \_\_\_\_\_
- Date \_\_\_\_\_
- Report Number \_\_\_\_\_

**3. Record the details of other vehicles involved:**

- Owner \_\_\_\_\_
- Make/Model \_\_\_\_\_
- Body type \_\_\_\_\_
- Reg No \_\_\_\_\_

**4. Record the details of the other drivers involved.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_

**WHAT TO DO AT THE SCENE OF A MOTOR VEHICLE ACCIDENT.**

**5. Make a note of the time of day and the driving conditions:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Weather Conditions:

(e.g. raining, fine, fog)

**6. Record the location of the accident:**

Street Name: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Suburb: \_\_\_\_\_

**7. Record the details of any witnesses :**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**witnesses:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_