What to do in the event of an accident By Heather Bowie

- Try to remain calm
- If there is bodily injury <u>call the police</u> and try to get persons to the nearest hospital or Medical Centre.
- Take photographs of the positions of the vehicles and the debris involved before the vehicles are removed. This can easily be done if you have a camera/camera phone.
 We also suggest a disposable camera kept in the glove compartment, along with pen and extra paper.
- Take photographs of the damaged areas on the vehicle and make cell phone recordings which can be used as evidence.
- Once photographs are taken, try to secure the vehicle from additional damages or theft of articles that may be in your vehicle. If necessary, call for wrecker service or JAA if you are a member. Some insurers also have Road Side Assistance.
- Collect information on the other vehicle/s involved

- Collect the names and contact numbers of any witness or witnesses to the accident
- Get the correct name of the road on which the accident occurred or the name of the intersection
- Complete the attached form which will guide you to on the important information needed before leaving the scene
- Report the accident to the Police Station within 24 hours
- Report the accident to your insurance company within 7 days so that investigations can be carried out before the evidence is tampered with.

Your insurer or intermediary will guide you through the process for final settlement.

Main causes of accidents:

- Ignorance
- Indiscipline
- Impatience

These can take the form of:

- 1. Tailgating
- 2. Disobeying stop lights
- 3. Not heeding at stop signs
- 4. Overtaking
- 5. Turning without giving proper signal
- 6. Exiting from minor road
- 7. Swerving from objects etc:

Note: Infrastructure development can lead to more severe accidents due mainly for "the need to speed".

IAJ Helpline: 429-5425

ACCIDENT INFORMATION FORM

DRIVERS LICENCE DETAILS		
Name		
Date of Birth		
License / TRN		
Issue Date		
Expiry Date:		
Does the picture match the		Yes No
Driver		
Address:		
INSURANCE DETAILS		
Owners Name		
Owners Address		
Insurance		
Company		
Policy Number		
Issue Date		
Expiry Date		
Vehicle Number		
	VEHICLI	E DETAILS
Registration #		
Type of Vehicle		
Make & Model		
Year		
Colour		
Seating Capacity		
	ACCIDEN	NT DETAILS
Name of Driver		
Address of Driver		
Date of Accident		
Time of Accident		
Place of Accident		
Brief Description		
of Accident		