



part of GE Capital

Accident Management Procedure

Custom Fleet Accident Management

0800 11 63 63

If you are involved in an accident try to stay as calm as possible. We are here to help you in any way we can. Follow these steps to ensure that everyone involved is kept safe:

1. Make the scene safe for yourself and other motorists. Call **111** if someone is injured.
2. Do NOT admit liability. Collect information required to fill out this Accident Management Card.
3. Take photographs of the accident and its location where possible.
4. Call our 24 hour Driver Support Line on **0800 11 63 63** as soon as possible following the accident. We will do anything we can to help and can assist you after an accident to:
 - Tow the vehicle if it's undriveable
 - Organise insurance claims
 - Organise a rental vehicle
 - Provide you with general assistance

If your vehicle is stolen or vandalised, please also call our 24 hour Driver Support Line on **0800 11 63 63**.



SECTION A – Other Driver’s Details

Registration No. _____ Licence No. _____

Driver’s Name _____

Address _____

Phone Number (M) _____ (W) _____

Vehicle Make _____ Model _____

Owner of Vehicle _____

Owner’s Address _____

Phone Number (M) _____ (W) _____

Insurer of Vehicle _____

Speed of Vehicle _____ Direction _____

Signature _____

(This is not an admission of liability)

SECTION B – Accident Details

Day & Date _____ Time _____

Full Street Location _____

Accident Details _____

Speed of Vehicle _____ Direction _____

Condition of Road _____

SECTION C – Witness Details

Witness’s Name _____

Address _____

Phone Number (M) _____ (W) _____

SECTION D – Damage to Property

Owner _____

Address _____

Damage Car Premises Fixtures Other: _____

SECTION E – Police

Reported to Police Yes No Date _____

Name of Officer _____

Location _____

SECTION F – Driver’s Notes on the Accident

SECTION G – Accident Sketch

DO NOT ADMIT LIABILITY. Indicate below the exact position of the vehicles involved. Show skid marks and measurements if possible, indicate your vehicle as number 1 and other vehicles as number 2 and 3 and 4 etc.

Please send this completed form to: Custom Fleet Accident Management Department, PO Box 3630, Auckland 1140. Alternatively phone us on **0800 11 63 63**. For an electronic version of this form visit www.customfleet.co.nz