

Accident Information Form

DISCLAIMER:

This form is for informational purposes and personal record-keeping. It does not replace official police or insurance reports. Always comply with SAPS and your insurance provider's requirements after an accident. Bilnor Staffing Solutions accepts no liability for decisions made based on this guide.

Instructions: Fill in immediately after the accident. Take photos of vehicles, scene, and injuries. Keep this form in your glovebox. Use when reporting to police and/or insurance providers.

Vehicle Accident Information Form – South Africa

Date: _____ **& Time:** _____ **Location / Street / GPS:** _____

1. Your Vehicle Details

Make & Model:	
Reg. Number:	
Contact Number:	
Insurance:	
Policy #:	

2. Other Vehicle / Driver Details

Make & Model:	
Reg. Number:	
Driver Name:	
Contact:	
Insurance:	
Policy #:	

3. Witnesses

Name	Contact	Notes

4. Accident & Damage Details

Description:	
Road / Weather:	
Traffic Signals / Signs:	
Injuries (Yourself / Passengers / Others):	
Police Case #:	

5. Photos / Evidence Taken

- ☐ Vehicle Damage / Scene
- ☐ Skid Marks
- ☐ License Plates
- ☐ Other: _____