

## Your policy details

Provider

Policy No.

Policy type

What you're covered for:

What you're *not* covered for:

### Insurance provider details

Phone:

Email:

### Roadside assistance

Provider:

Phone:

Membership No.

Level of cover

Towing km limit:

## Contact numbers

### Emergency

For serious injuries and need of medical help,  
or to report major dangerous accidents:

Call 000

### Non-emergency

Report accidents to Policelink, who can also  
organise a tow truck (all states/territories except  
Victoria, where drivers must contact their local  
police station)

131 444

### Report an accident

Report a crash to the police within 24  
hours. Where available, contact your state or  
territory's traffic control centre to report minor  
traffic incidents and breakdowns.

#### Phone reports

New South Wales  
Call 13 17 00

Queensland  
Call 13 19 40

Victoria  
Call 13 11 70

Western Australia  
Call 13 81 38

#### Online reports

Australian Capital  
Territory

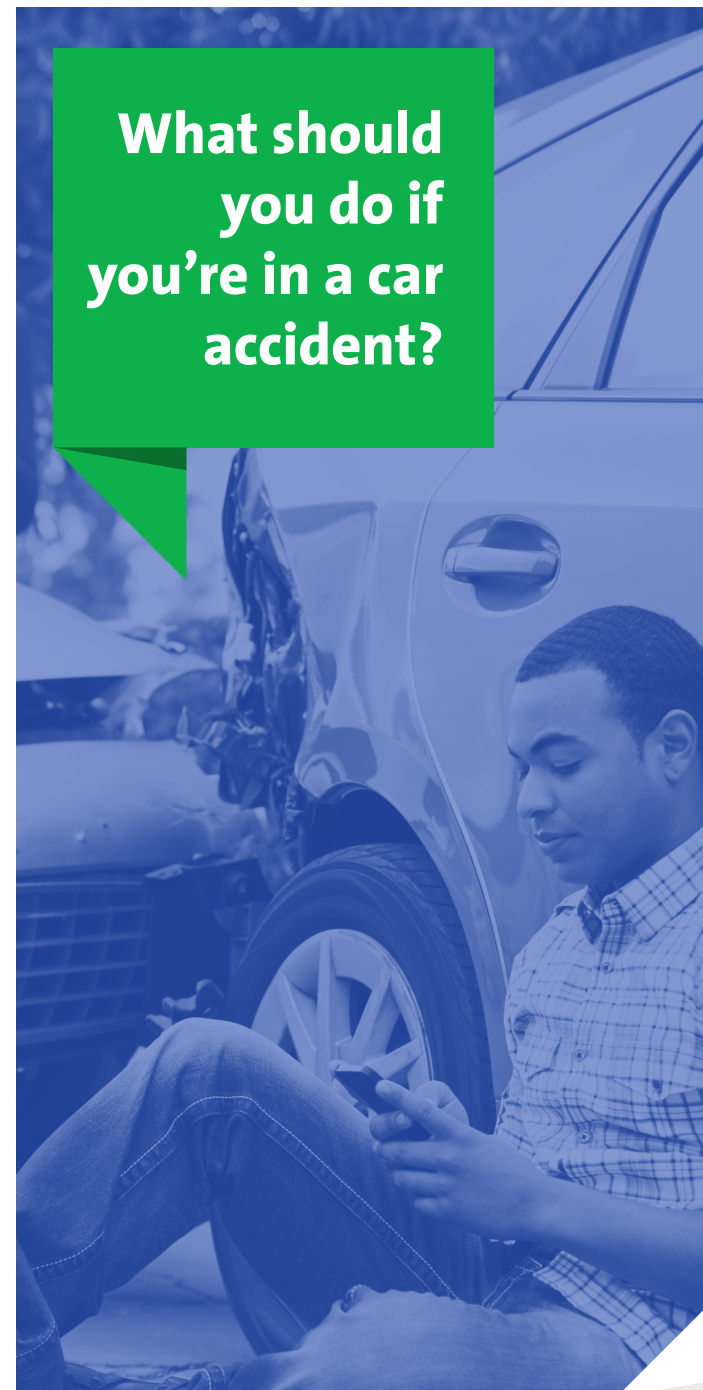
Northern  
Territory

South Australia

Tasmania

Or via specific state roads/crash report websites.

**What should  
you do if  
you're in a car  
accident?**



Drive safe



comparethemarket™

**If the car accident is your fault**

1. Stop everything and don't panic. Make sure everyone is okay and check the damage of the cars/property involved.
2. Note the time/date/location. Accurate details are important for your claim.
3. Exchange information with the other driver. Fill out driver details in this brochure.
4. Take pictures of damage for reference so you aren't accused of causing more damage than you did.
5. Report the accident to the police.
6. Call your insurance provider and start your claim.

<div>Date</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		<div>Time of accident</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		<div>Location</div> <div> <input type="text"/> <input type="text"/> </div>	
<div>Accident description</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>					
<div>Details of injuries, car damage, traffic control, road features/alignment, how crash happened:</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>					
<div>Witness details</div> <div> <div> <div>Name</div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <div>Phone</div> <div> <input type="text"/> <input type="text"/> </div> </div> </div>					
<div>Additional notes</div> <div> <input type="text"/> <input type="text"/> </div>					

Name		Phone	
Email			
Insurance company			
Policy number			
Car make/model		Registration	
Driver's licence		Exp. date	

### Other driver's details