



Accident Management 1800 64 64 22

IMPORTANT

An accident is always unfortunate for everyone involved, no matter whose fault it is. Our driver has given you this card to assist you. All the necessary details are on panel B. Please help us to help you. Call our toll free Driver Response Line within the next 24 hours and we will advise you on how to proceed. **Driver Response Line: 1800 64 64 22**

This is a free call from anywhere in Australia.



You've had a car accident . . . what to do next?

Stay calm and follow these 5 steps!

1. Make the scene safe. Call 000 if someone is injured.
2. Fill in **SECTION A** of this card and give to the other driver. **Do not admit liability.**
3. Fill in **SECTION B** of this card. Check the other driver's licence and registration plates to confirm correct information.
4. Find witnesses and fill in **SECTIONS C** and **D**
5. If you are unable to drive your vehicle, call our Tow Truck Hotline on **1800 64 64 22** (emergency towing available 24 hours per day).
Your vehicle will be towed to a LeasePlan Authorised Repairer in your area.

Important

Do not sign the authority to tow form unless it has the same address as advised to you by our telephone operators.
If you have any problems, simply call again.



How to report the accident

Simply call the LeasePlan Driver Response Line on **1800 64 64 22** our experienced operators will guide you through the next steps and will arrange repairs to your company vehicle.



SECTION A - YOUR DETAILS

Tear off and give to the other driver

Driver's name:

Licence No.:

Vehicle Make: Reg. No:

Company Name:

Please send all correspondence care of:
LeasePlan National Claims Centre
 PO Box 264, Caulfield East 3145
 Phone: 1800 64 64 22 Fax: (03) 9508 7445 or (03) 9508 7444

SECTION B - OTHER DRIVER'S DETAILS

For your reference

Driver's name:

Licence No.:

Address:

Telephone: (H) (W)

Vehicle make:

Model: Year: Reg. No.:

Insurance company:

SECTION C - ACCIDENT DETAILS

For your reference

Day: Date: Time:

Location:

Accident details:

Witness name:

Address:

Telephone: (H) (W)

SECTION D - ADDITIONAL DETAILS

Add details of police, other vehicles, conversations or draw a sketch.

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