

Once you've written in the relevant information (overleaf), detach this section and hand to the other driver



**CALL THE  
BTMK INJURY TEAM  
03300 585 222**



<b>WITNESS No. 1</b>
NAME
CONTACT TEL NO.
ADDRESS & POSTCODE:
<b>WITNESS No. 2</b>
NAME
CONTACT TEL NO.
ADDRESS & POSTCODE:
<b>NOTES - record details of any other parties involved here</b>

At BTMK we can help you with all aspects of traffic accident claims, including dealing with insurers, personal injury claims, vehicle repairs and arranging courtesy cars. Our initial advice is absolutely **free of charge** and in most cases we recover all of our fees from insurers so you won't have to pay us a penny.

**Call us now on  
03300 585 222**

Lines open 24 Hours a Day\*

# GLOVE BOX ACCIDENT GUIDE



Produced by the expert traffic accident lawyers at

**BTMK**  
SOLICITORS

*Lawyers for life...*

An accident can often leave you shocked and confused. The experts at **BTMK** have produced this simple guide to make sure you record all of the vital information required to protect yourself.

**Don't drive without it!**

## IF YOU HAVE AN ACCIDENT:

- 1** Stay calm
- 2** If anybody is injured inform the police and call an ambulance if required
- 3** If it is safe to do so, work through this checklist at the accident scene

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### THE OTHER DRIVER

REGISTRATION NO.

**ESSENTIAL**

DRIVER'S NAME:

DRIVER'S ADDRESS & POSTCODE:

INSURANCE COMPANY:

INSURANCE POLICY REFERENCE:

(Some drivers may not carry their insurance details. As long as you have their registration number and name the experts at BTMK can obtain their insurance details).

### ADDITIONAL INFORMATION

DATE:

TIME:

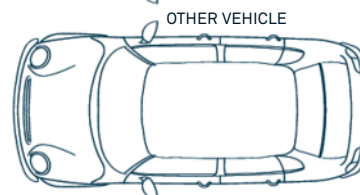
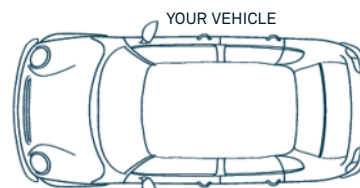
LOCATION:

### DAMAGE

Circle the location of any damage to the vehicles.

### PHOTOS

If it is safe to do so and you have a camera with you, then take photographs of the **position of the cars after the accident and damage to the vehicles involved.**



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Fill out this section, detach and hand to the other driver

YOUR REGISTRATION NO.

YOUR NAME:

YOUR ADDRESS & POSTCODE:

YOUR INSURANCE COMPANY:

YOUR INSURANCE POLICY REFERENCE:

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