

# Accident Management

What to do in the event of  
a road traffic accident



# Immediately Following an Accident

If you have Accident Management with GE Fleet Services, please refer to the telephone number on your **Drivers' Card**.

DO NOT ADMIT LIABILITY if you are involved in a motor accident although you are obliged to give your particulars to anyone who has reasonable cause to request them.

Following the accident you **must** obtain:

- > the registration number, make and model of the other vehicle.
- > the name and address of the other driver.
- > the other driver's insurance details.
- > the names and addresses of any independent witnesses.

**Please report the accident to the police** as soon as possible, but no later than 24 hours if:

- > there is a possibility that the police may prosecute the other driver.
- > the other driver has failed to produce particulars.
- > any person or animal, such as dogs, horses and farm animals, have been injured.

# Preliminary Accident Report

This section should be completed at the scene of the accident to enable you to record details required by our Insurers. This is for your reference only and does not constitute an accident report.

## Particulars of YOUR vehicle

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Number of Vehicle: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injuries to Driver or Passenger/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damage to the Vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Particulars of THIRD PARTY

Registration Number of Vehicle: \_\_\_\_\_

Make: of vehicle: \_\_\_\_\_

Damage to Vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Driver: \_\_\_\_\_

Address of Driver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of Owner if different from above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number and details of passengers (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUE OVER

DETATCH HERE

GE  
Capital Solutions

For any claim information/assistance, please contact:

**GE Accident Management c/o FMG Support Limited Claims Administration**

**FMG House St Andrews Road Huddersfield HD1 6NA**

**Tel: 0870 830 3800**



Details of Injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Third Party's Insurers: \_\_\_\_\_  
\_\_\_\_\_

Names & addresses of any independent witnesses:

A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If damage is caused to Property, give details of damage here and name and address of Owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Officer attending - Name, Number & Station:

\_\_\_\_\_

DETATCH HERE

**COMPLETE THIS SECTION, DETACH AND HAND IT TO THE THIRD PARTY**

Date of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

a. Our Vehicle Registration: \_\_\_\_\_

b. Name of Our Driver: \_\_\_\_\_

c. Office/Branch Address: \_\_\_\_\_  
\_\_\_\_\_

# Useful contact details and telephone numbers

**If you have Accident Management with GE Fleet Services, please refer to the telephone number on your Drivers' Card.**

Please use the space below for any other contact details you wish to use i.e. windscreen and door glass replacement companies etc

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