



Glove Box Checklist

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First, stay calm.

Fill in this form to make sure you have all the details you need to get things sorted.

About the other driver...

Full Name: _____

Address: _____

Telephone: _____

Drivers License Number: _____

Name of Insurance Company _____

General

Your approximate speed and direction at time of accident? _____

What time did the accident occur? _____

How many vehicles involved? _____

How many in the other car? _____

What are the driving conditions? _____