

What to do in a crash

1 Stop and make sure everyone is okay

2 Don't admit responsibility until you know exactly what happened

3 Exchange motoring details with the other driver/s

4 Contact your insurance agent and tell them what's happened

5 Contact your local crash repairer

1 Stop and make sure everyone is okay

Call the police and an ambulance immediately if anyone is hurt or if the road is blocked. Try to remain as calm as possible – it's normal to be shaken after an accident, take a few deep breaths and try to take stock of the situation the best you can. And don't lose your temper.

2 Don't admit responsibility until you know exactly what happened

It's best to not admit responsibility for the accident until you're completely aware of what happened. This can protect you from liability if it wasn't your fault.

3 Exchange motoring details with the other driver/s - see our crash info form below

You will need to exchange the following motoring details with the other driver/s

- Share your name and address with everyone involved if the accident caused damage or injury – the law says you must do this.
- Swap insurance information and details with the other driver/s.
- Take down details of any other passengers and witnesses to the accident.
- Try to find out if the other driver is the registered owner of the vehicle, if they are not, find out who the owner is and get that information too (for instance it might be a company car).
- Use your phone to take pictures of the scene, the positions of the cars involved, and damage to the cars.
- If no one else is involved in the accident, for example you caused damage to private property or a parked car, you should leave your details – for instance a note where the owner can see it. And honesty pays. If a witness or CCTV camera saw you and noted your car number but you drove off, you could be in serious trouble.

4 Contact your insurance agent and elect Elite Autospray as your repairer

Phone your insurance company as soon as possible, ideally at the time of the accident. They'll ask for your policy number or information to identify you, and for all of the information about the crash (outlined in our crash report form). Note: Even if you don't want to make a claim, still tell your insurer about the accident, because the other driver may try to make a claim without you knowing (you may choose not to claim to keep your no claims discount intact or if you decide to pay for the repairs yourself). If you're local to Taupo, you can tell your insurance agent that you want to use Elite Autospray as your crash repairer.

5 Contact your crash repairer

Your crash repairer will guide you from here. They will need to take photos and send them directly to your insurance company. When the claim is approved, the parts are ordered and once they've arrived they'll book your vehicle in for repair. Remember to get an idea for how long you will be without your car and whether or not they have a courtesy car for you to use.



Contact

Email: eliteautospray@xtra.co.nz
Tel: +64 7 378 4896
Mob: 021 277 2217

Contact

17 Matai Street
P O Box 581
Taupo

Opening Hours

Mon – Thu: 7am – 5pm
Fri: 7am – 3.30pm
Saturday: by appointment
Sunday: CLOSED



eliteautospray.co.nz

Crash Information Form

Record all the details of a crash by filling out this crash information form

Your Info

Name:

Phone Number:

Insurance Agent:

Insurance Company:

Policy Number:

About the Incident

Date:

Time:

What sort of damage was caused to the vehicle and where: eg. dent on left front wing and door

Any injuries to drivers, passengers, or pedestrians:

The driving conditions - weather, lighting, and road quality: eg. road markings, whether it is wet or muddy

Name and contact details of any witnesses:



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Crash Information Form

Record all the details of a crash by filling out this crash information form

IMPORTANT: take pictures of the scene, the positions of the cars involved, and damage to the vehicles

Details of other drivers involved (Driver 1)

Drivers Name:	Drivers Phone Number:	
<input type="text"/>	<input type="text"/>	
Drivers Address: <input type="text"/>		
Drivers Insurance Agent:	Drivers Insurance Company:	Drivers Policy Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Make and Model of Drivers Vehicle:	Number Plate of Drivers Vehicle:	
<input type="text"/>	<input type="text"/>	

Details of other drivers involved (Driver 2 - if applicable)

Drivers Name:	Drivers Phone Number:	
<input type="text"/>	<input type="text"/>	
Drivers Address: <input type="text"/>		
Drivers Insurance Agent:	Drivers Insurance Company:	Drivers Policy Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Make and Model of Drivers Vehicle:	Number Plate of Drivers Vehicle:	
<input type="text"/>	<input type="text"/>	

Details of other drivers involved (Driver 3 - if applicable)

Drivers Name:	Drivers Phone Number:	
<input type="text"/>	<input type="text"/>	
Drivers Address: <input type="text"/>		
Drivers Insurance Agent:	Drivers Insurance Company:	Drivers Policy Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Make and Model of Drivers Vehicle:	Number Plate of Drivers Vehicle:	
<input type="text"/>	<input type="text"/>	



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