

**WHAT TO DO IN THE EVENT OF A MOTOR
ACCIDENT - 12 Simple Rules to assist you after an accident**

1.	Keep Calm
2.	Switch off engine – if other drivers are involved ask them to do the same
3.	Do not attempt to move any persons who have sustained serious injury
4.	Move those who are not seriously injured to a place of safety
5.	If anyone is injured call 999 immediately
6.	Do not smoke
7.	Do not move any vehicle unless there is a danger to other traffic, wait until the police are in attendance
8.	If the police do not attend the scene, attempt to ensure that an independent person witnesses the position of the vehicles
9.	Take appropriate steps to warn other traffic – use your warning lights or display a warning triangle if available
10.	Make sure that no one stands near the car
11.	Record all important information on the report form (at the back of this information) and provide the University's details to the other drivers involved. DO NOT APOLOGISE OR ADMIT LIABILITY – this will be decided later
12.	If an accident occurs outwith normal working hours you are required to contact Security Control on 0131 451 3500.

Heriot-Watt University

Motor Accident Card

This card must be given to all staff and students who drive owned, leased or hired vehicles for the purposes of University business.

If the vehicle is involved in an accident:

- **Stop**
- **Do not admit liability**
- **Call the appropriate emergency services if required**
- **Obtain names and addresses of any witnesses**
- **Take photos where appropriate and safe to do so**
- **Complete and tear off the opposite side of this card and hand to the third party(s)**
- **All accidents must be reported directly to the University's insurers without delay on 0800 026 0097**
- **If you are involved in an accident or the vehicle has been damaged in some way you must complete Part 1. Part 2 must be completed and given to any other party affected by the accident.**

Part 1: This form must be completed by the driver of the University owned/hired or leased vehicle and retained. If more than one vehicle is involved complete a separate form for each party affected by the accident/incident

Third Party name:	
Contact number of third party:	
No of passengers in the vehicle(s) Involved	
Make and Model of vehicle(s)	
Address of driver:	
Insurance details of the other vehicles involved	
Policy Number	
Name of Insurer	
Details of damage to any other vehicles:	
Details of any witnesses:	
Contact telephone number for witnesses:	

Please forward to the Risk and Audit Management Service as soon as possible.

Part 2 - To be completed by the driver of the University owned, hired or leased vehicle and handed to the third party affected by the incident

Date of accident:	
Time of accident: (e.g. 7pm)	
Our vehicle registration number	
The vehicle was being driven by	
Our vehicle has been involved in an accident with you at the following location	
Name of our insurer & Policy number	Zurich Municipal Policy Number: NHE-15CA01-0013

Our insurers will contact you soon to let you know the next steps. If you haven't heard from them with the next 48 hours please telephone 0800 026 0097 quoting the policy number as provided above.

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