

Members are required to fill out an incident report any time they are involved in either a minor incident or a major accident with a YourCar. Please complete each of the sections below in order. You must read and sign the statement at the end of this form.

Fax: 2602 1314  
or Email: admin@yourcar.com.hk

## 1 Incident Details

Date : \_\_\_\_\_

Time : \_\_\_\_\_ AM / PM

Region : Hong Kong Island / Kowloon/ NT

Location : \_\_\_\_\_

Street and No./ Building / Lamppost Number : \_\_\_\_\_

Police participation: Yes / No

Police no. : \_\_\_\_\_

Case no. : \_\_\_\_\_

Add. info. : \_\_\_\_\_

## 2 YourCar Vehicle

Driver Member no. : \_\_\_\_\_

Full Name : \_\_\_\_\_

Injured? : Y / N \_\_\_\_\_

Drivers License : \_\_\_\_\_

Sex : M / F DOB : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info. : \_\_\_\_\_

### Passenger #1

Full Name : \_\_\_\_\_

Injured? : Y / N \_\_\_\_\_

Drivers License : \_\_\_\_\_

Sex : M / F DOB : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info. : \_\_\_\_\_

### YourCar Vehicle

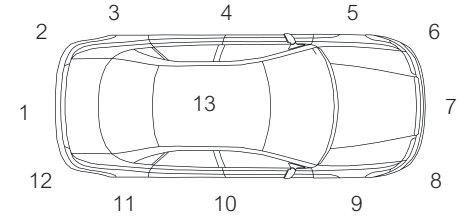
Brand : \_\_\_\_\_

Model : \_\_\_\_\_

License Plate : \_\_\_\_\_

Damage : Y/N Towed : Y/N Driveable : Y/N

Please indicate the damaged area of the car:



14. Undercarriage 15. Overturned 16. Other

## 3 Vehicle

### Driver

Full Name : \_\_\_\_\_

Injured? : Y / N \_\_\_\_\_

Drivers License : \_\_\_\_\_

Sex : M / F DOB : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info. : \_\_\_\_\_

### Passenger #1

Full Name : \_\_\_\_\_

Injured? : Y / N \_\_\_\_\_

Drivers License : \_\_\_\_\_

Sex : M / F DOB : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info. : \_\_\_\_\_

### Vehicle

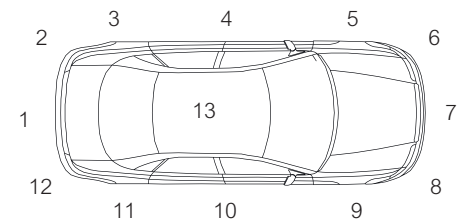
Brand : \_\_\_\_\_

Model : \_\_\_\_\_

License Plate : \_\_\_\_\_

Damage : Y/N Towed : Y/N Driveable : Y/N

Please indicate the damaged area of the car:



14. Undercarriage 15. Overturned 16. Other

## 4 Witnesses

Witness #1 : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info : \_\_\_\_\_

Witness #2 : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info : \_\_\_\_\_

Witness #3 : \_\_\_\_\_

Tel : \_\_\_\_\_

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

Add. info : \_\_\_\_\_

## 5 Conditions

### Light Conditions

- Daylight
- Dusk
- Dawn
- Dark — Not Lighted
- Dark — Lighted
- Other \_\_\_\_\_

### Weather Conditions

- Clear
- Rain
- Cloudy
- Fog / Smoke
- High Winds
- Other \_\_\_\_\_

### Road Surface

- Dry
- Wet
- Sand / Mud / Gravel
- Water Standing
- Water Moving
- Other \_\_\_\_\_

### Intersection Type

- Not an Intersection
- Four-way
- T-Intersection
- Y-Intersection
- On / Off Ramp
- Traffic Circle
- 5 Point or More
- Driveway
- Railroad Crossing
- Parking Lot
- Other \_\_\_\_\_

## 6 Incident Description

→ Direction

1 ▶ Your Car

2 ▶ Other Vehicle

● Pedestrian

In your own words, please describe the incident you have drawn above. Please be as specific and descriptive as possible:

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

Was there property damage (i.e., guardrail, road sign, building, wall, etc.)? Describe below:

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

As carefully as possible, draw a diagram of the roadway or intersection where the accident occurred. Please use the symbols (above) to indicate direction of travel, involved parties, traffic signals for all parties, and any other important factors to help us understand the incident.

															 Indicate North by an Arrow
A large grid for drawing the accident scene diagram.															

As stated in the membership agreement, members are responsible for a damage fee per incident. Visit [YourCar.com](http://YourCar.com) for more information on damage fee charges.

By signing below, you hereby acknowledge the above statement, as well as agree that the information provided in this report is truthful to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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