We are their motor insurers and, subject to liability, we can deal with any claim (including vehicle repair, temporary transport and injury) to ensure that you avoid any loss or inconvenience. Please ensure your insurer or anybody representing you is aware of this offer as it may affect any claim made on your behalf.

Other party helpline 0345 072 7109

For your protection, telephone calls will be recorded and may be monitored.

We are sorry that you have been involved in an accident with one of our customers. If you believe that our policyholder was responsible for the accident please contact us immediately on the number shown below.

We are their motor insurers and, subject to liability, we can deal with any claim (including vehicle repair, temporary transport and injury) to ensure that you avoid any loss or inconvenience. Please ensure your insurer or anybody representing you is aware of this offer as it may affect any claim made on your behalf.

Other party helpline 0345 072 7109

For your protection, telephone calls will be recorded and may be monitored.

Notes

Please use this space to draw diagrams or makes notes following your accident.





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in England & Wales No. 1073408. Registered office Alexandra House, Queen Street, Lichfield, Staffordshire WS13 6QS. For your security, all telephone calls are recorded and may be monitored. Universal International Freephone Number (UIFN) - local connection charges may

apply, please check with your telephone provider. Calls to 03 numbers usually cost no more than to geographic numbers (01 or 02) and are

usually included in call packages, please check with your phone company if they are included in your package.





Claims Notification 0330 041 6180

Don't forget to put this number in your mobile phone.

Policy number:

Please write your policy number above.

Your Financial Ally

Call Us 00 800 00 01 02 03 0044 (0)345 658 1140





Your helpcards

Here are two push-out helpcards with all the numbers you need if you have an accident; one for your wallet and the other to keep handy in the glove box.

+(44) 330

UK Claims and Glass Helpline

EU Claims Helpline

Claims notification and existing claims

gency out of hours

0330 041 6180

UK Claims and Glass Helpline

RSA Helpcard

Claims notification and existing claims **EU Claims Helpline**

out of hours

23/04/2018 11:10

93014129 454177 FORCES MUTUAL GLOVE BOX LEAFLET V3.indd 1

Had an accident? Call us now on 0330 041 6180

What to do if you are involved in an accident

- Don't drive away. You must stop if any other person or animal has been hurt, or if any vehicle or property has been damaged.
- Get the names, addresses and phone numbers of any drivers or pedestrians involved, as well as any witnesses. Ask drivers for the names of their insurers and their policy or certificate numbers. Space has been allocated in this booklet to record this information.
- If you have access to a camera and can use it safely, please take photos of any damage to the other party vehicle and the accident scene.
- As part of the exchange of information, please complete and pass the tear off slip 'Driver details' to the other party.
- Don't admit blame or liability or make an offer of payment. If any of the other people involved do this, please tell us.
- You must call our claims helpline on **0330 041 6180** immediately, even if you do not plan to make a claim. Simply call us straight away and explain what has happened. We are here to help get you back on the road.

Please record your accident details
DateTime
Location/road name and area
Brief description of what happened

Accident details for you to keep

Other party details

lame:	Name:
el No:	Tel No:
Лоb No:	Mob No:
Address:	Address:
ehicle Registration:	Vehicle Registration:
nsurer:	Insurer:
Policy Number:	Policy Number:
Oriver injured:	Driver injured:
any passengers? If so, how many	Any passengers? If so, how many
any passengers injured: Yes No	Any passengers injured: Yes No
Witness details	Witness details
lame:	Name:
el No:	Tel No:

Other party details



Driver details

Please complete and hand to other party

Name:	
Address:	
	• • • • • • • • • • • • • • • • • • • •
Vehicle Reg.:	
Insurer: RSA	
Policy No.:	



Driver details

Please complete and hand to other party

iana to out of party
Name:
Address:
/ehicle Reg.:
nsurer: RSA