

Keep your Ford a Ford

Repair your vehicle the right way with **Ford Genuine Parts**



Be prepared for any collision:

Keep this brochure in your glove compartment. If you're ever in an accident, use this guide and your phone's camera to collect important information. Take pictures of the accident scene, road and weather conditions. Trust us to get your vehicle safely back on the road.

Remember:

Your choice:

You have the right to select a Ford Certified Collision Repairer

Insurance claims:

Remember to obtain a case number from the SAPS precinct where the accident happened to simplify your claim with your insurer

Cost estimate:

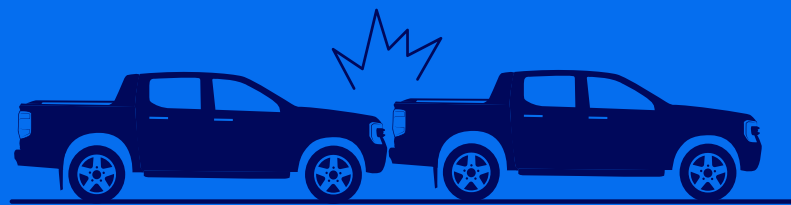
Get one before starting repairs

Genuine parts:

Select original Ford replacements

Collision Checklist:

1. Move to a safe location
2. Turn on lights and exit with caution
3. Check for injuries and see whether anyone needs assistance
4. Call an Ambulance (10177) or Police (10111)
5. Collect driver's info & witnesses' details using the provided form



Know your rights when in a collision

Fill out this form to simplify the legal, insurance claim, and repair process.

Details of other driver:

Name	<input type="text"/>
Phone	<input type="text"/>
Driver's licence expiration date	<input type="text"/>
Vehicle owner's name	<input type="text"/>
Vehicle model and year	<input type="text"/>
Vehicle colour	<input type="text"/>
Licence plate number	<input type="text"/>
Insurance company	<input type="text"/>
Insurance phone no	<input type="text"/>
Insurance policy number	<input type="text"/>
Agent's name	<input type="text"/>
Agent's phone	<input type="text"/>

Draw a map or diagram of accident:

Damage:

To your vehicle	<input type="text"/>
To the other vehicle(s)	<input type="text"/>
Towing company name	<input type="text"/>

Accident conditions:

Date	<input type="text"/>
Vehicle colour	<input type="text"/>
Weather and road conditions	<input type="text"/>
Location	<input type="text"/>
Additional details	<input type="text"/>

Witness 1 information:

Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>

Witness 2 information:

Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>