

Owner's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Full Name / Company

Occupation or Business

Address

P/Code

Ph. Home

Work

Mobile

Fax

Email

ABN/ACN

Driver's Particulars (PLEASE COMPLETE IN BLOCK LETTERS) If same write in 'AS ABOVE'

Mr / Mrs / Ms Surname

Other Names

Address

P/Code

Ph. Home

Ph. Work

Mobile

D.O.B / /

Occupation

Year Licenced

Licence No.

Expiry Date

State of Issue

Licence Type

Relationship to Owner

Was Vehicle Used with Owners Consent? Y N

The Vehicle

Year of Manufacture

Make

Model

Body Type

Colour

Registration No.

Manual/Automatic

Insurance Details

Name of Insurance Company

Policy No.

Policy Type Comprehensive 3rd Party

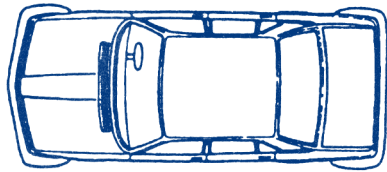
Is this Vehicle Financed? Y N If Yes, Contract No.

Name of Finance Company

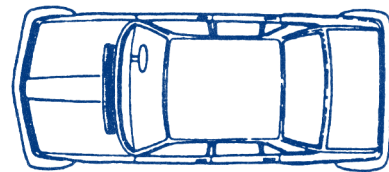
Agreement Type

Vehicle Damage (Mark All Damaged Areas With X)

Your Vehicle



Other Vehicle



Plan (PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & GIVEWAY SIGNS)

Indicate as Follows

Street/ Intersection



Curved Street



Pedestrian



Your Vehicle



Other Vehicle



(Direction of Traffic Shown by Arrow)

Indicate Traffic Control Signs e.g. STOP (Sign)



Indicate direction of North by Arrow

Particulars of all Passengers in Your Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Police

Did the Police Attend? Y N If No, Was The Accident Reported to The Police? Y N

If Yes, which Police Station? _____ Date Reported / /

Name Of Attending Police Officer _____ Police No. _____

Did Police Charge Anyone? If Yes, Who? _____

Nature of Charge _____

Did you consume any Alcohol or take any Drugs 12 hours prior to the Accident? Y N

Did you undergo a Breath or Blood Test Analysis? Y N If Yes, What was the Result? _____

Replacement Vehicle

Do you use Your Motor Vehicle for Business Purposes? Y N

Do You Require a Hire Car? Y N

Can You Provide Evidence in Support of the Need for a Substitute Motor Vehicle?

(e.g. Tax records, letters from Employer or Accountant) Y N

Driver of Other Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 1

Name _____ D.O.B. / /

Phone No. _____ Mobile _____

Address _____

_____ P/Code _____

Licence No. _____

Name of Registered Owner _____

Address _____ P/Code _____

Phone No. _____ Registration No. _____

Make of Vehicle _____ Model _____

Name of Insurance Company _____

Policy No. _____ Claim No. _____

Details of Other Drivers and Vehicles Involved (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 2 - If applicable

Name _____ Registration No. _____
Phone No. _____ Mobile _____
Address _____
P/Code _____

Vehicle 3 - If applicable

Name _____ Registration No. _____
Phone No. _____ Mobile _____
Address _____
P/Code _____

Particulars of Independent Witness (PLEASE COMPLETE IN BLOCK LETTERS)

Witness 1 - If applicable

Name _____ Phone No. _____
Viewed Accident From _____
Address _____
P/Code _____

Witness 2 - If applicable

Name _____ Phone No. _____
Viewed Accident From _____
Address _____
P/Code _____

Declaration

I declare the aforementioned to be true and correct.

Signature of Driver _____ Signature of Owner _____
Date / / _____ Date / / _____