

1. Details of Policyholder

Full Name & Address of Policyholder

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.....

.....

.....

Contact Number

.....

Email Address

.....

ABN

.....

Insurance Company

.....

Policy Number

.....

For what purpose was the vehicle being used?

Business:

☐

Private:

☐

2. Insured Vehicle

Make & Model

Body Type Manufacture Year Registration No.

Engine No. VIN.

Finance Company if applicable

3. Driver at the time of the incident

Full Name & Address of Driver

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.....

.....

Date of Birth

Sex M/F

Drivers Licence No. Licence Expiry

Years Licence Held Licence State of Issue

What is the relationship of the
Driver to the Policyholder?☐

Self

☐

Relative

☐

Employee

☐

Friend

☐

Other

If Other please specify

In the last 5 years have you as the driver of the vehicle at the time of the accident:

Yes No

- Been involved in any previous motor vehicle accident? ☐ Yes ☐ No
- Been charged with any offence in relation to the use of a motor vehicle? ☐ Yes ☐ No
- Had any insurance policy declined, cancelled, refused or had any special terms imposed? ☐ Yes ☐ No

If yes, please specify date and particulars (of charges/accident etc) below:

Was the driver under the influence of any drug or alcohol at the time of the accident?

☐ Yes ☐ No

If yes, please state what drug or how much alcohol was consumed by the driver 12 hours prior to the accident

Did the driver undergo a breath or alcohol blood test?

☐ Yes ☐ No

Has the driver ever had a motor vehicle licence cancelled or suspended?

☐ Yes ☐ No

If yes, please specify details below:

4. Accident Date

Date of Accident:

Time of Accident:

am/pm

5. Accident Description

Location (Street & Suburb)

State clearly how the accident occurred (please attach additional pages if required)

Describe the Weather Conditions:

Please indicate your vehicle's speed at the time of the accident:

☐ Stationary ☐ 0-30 KM/H ☐ 30-60 KM/H ☐ 60-80 KM/H ☐ 80-100 KM/H ☐ Over 100 KM/H

Please indicate the other vehicle's speed at the time of the accident:

☐ Stationary ☐ 0-30 KM/H ☐ 30-60 KM/H ☐ 60-80 KM/H ☐ 80-100 KM/H ☐ Over 100 KM/H

Did the other party admit liability?

☐

Yes

☐

No

If yes, please give details: _____

Please draw a sketch of the vehicles at the time of the accident, showing lanes, traffic signals & signs.



Your Vehicle



Other Vehicle



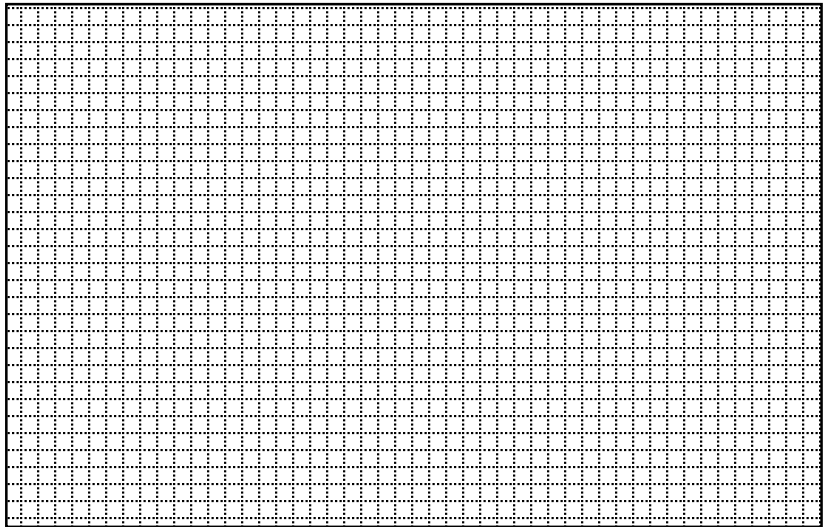
Stop Sign



Give Way Sign



Traffic Lights



Was your vehicle towed from the accident?

☐

Yes

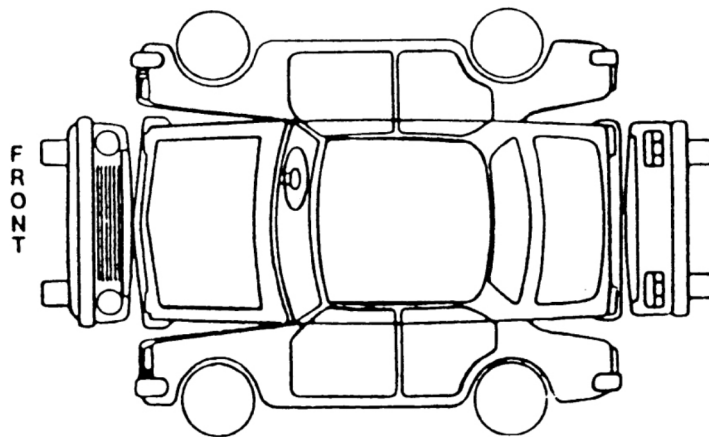
☐

No

If yes, please advise towing company: _____

Where is the vehicle currently located? Please provide address:

Please indicate damaged area/s on **your** vehicle



If you have selected a repairer, please list their details below or attach a quote if obtained.

6. Police

Did the Police attend the accident?

☐

Yes

☐

No

Date reported to the Police _____ Police Station _____

Police Report Number _____

7. Third Party

Number of other vehicles involved? *If more than one please provide details*

Full Name & Address of Driver

Contact Number

.....
.....
.....

.....

Drivers Licence No.
.....

Vehicle Make & Model

Registration Number

.....

.....

Damages to third party vehicle

Insurance Company

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.....

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8. Witnesses

1. Name

2. Name

.....

.....

1. Address

2. Address

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.....

.....

1. Contact Number

2. Contact Number

.....

.....

9. Declaration

Driver's Signature

Policyholder's Signature

.....

.....

Date

Date

.....

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