

**1. Details of Policyholder**

Full Name & Address of Policyholder

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.....  
.....

Contact Number

.....

Email Address

.....

ABN

.....

Insurance Company

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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?
- Been charged with any offence in relation to the use of a motor vehicle?
- Had any insurance policy declined, cancelled, refused or had any special terms imposed?

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

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

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

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Did the driver undergo a breath or alcohol blood test?

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

If yes, please specify details below:

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#### 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)

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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: .....

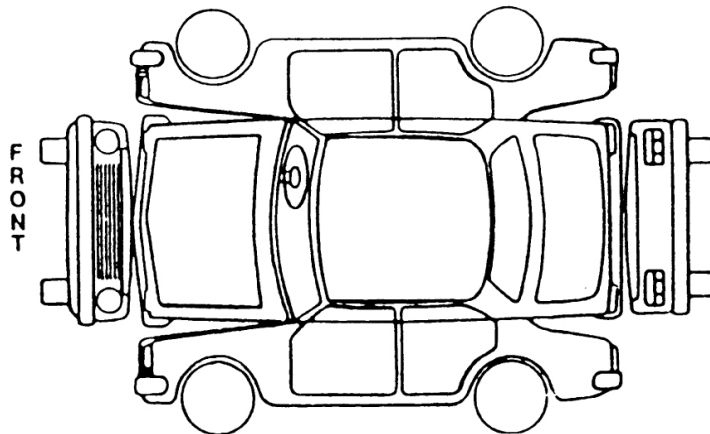
Was your vehicle towed from the accident?  Yes  No

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.

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## 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

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.....  
  
Drivers Licence No.  
.....

Vehicle Make & Model

Registration Number

.....  
  
Damages to third party vehicle  
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Insurance Company  
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## 8. Witnesses

1. Name

2. Name

.....

.....

1. Address

2. Address

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.....

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1. Contact Number

2. Contact Number

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## 9. Declaration

Driver's Signature

Policyholder's Signature

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Date

Date

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