

MOTOR VEHICLE ACCIDENT CLAIM FORM

CLAIM NO.

OWNER'S (OUR CLIENT'S) DETAILS

First Name	Surname	Company Name	A.B.N.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postcode	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (Home)	Phone (Work)	Phone (Mobile)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

DRIVER'S DETAILS

First Name	Surname	Date Of Birth	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postcode	Phone (Home)	Phone (Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licence No.	Expiry Date	How long Licenced?	Phone (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OUR CLIENT'S VEHICLE

Year	Make / Model	Type	Registration No.	Registration Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How long owned vehicle?	Price paid	Vehicle drivable?	Towed from accident?	By whom?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
If vehicle is deemed a total loss, may our office assist you by disposing of the wreck?			<input type="radio"/> Yes <input type="radio"/> No	

ACCIDENT PARTICULARS

Date of Accident	Time	Was the road...	Did you have either...
<input type="text"/>	<input type="text"/>	<input type="radio"/> Wet <input type="radio"/> Dry	<input type="radio"/> Give Way <input type="radio"/> Stop Sign <input type="radio"/> Red Light <input type="radio"/> Green Light
Location of Accident; Street / Suburb		Nearest intersection	
<input type="text"/>		<input type="text"/>	

PASSENGERS IN YOUR VEHICLE

Name	Address	Postcode	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Postcode	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WITNESSES

Name	Address	Postcode	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Postcode	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POLICE

Was accident reported?	If Yes, which station?	Was anyone charged?	If Yes, what for?
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Did you take a breathalyser test?	If Yes, what was the result?	Did you consume drugs or alcohol 12 hours prior to the accident taking place?	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		

FINANCIER AND REPAIRER

Is your car under finance?	Name of Financier	Contract No.	Financier's Phone No.
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Repairer (if you have a preferred repairer)		Repairer's Phone No.
	<input type="text"/>		<input type="text"/>

OTHER VEHICLE/S INVOLVED IN THE ACCIDENT

Make of Vehicle No. 1	Type	Registration No.	Insurer of Vehicle No. 1 (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver's Name	Address	Postcode	Phone No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner's Name	Address	Postcode	Phone No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Make of Vehicle No. 2	Type	Registration No.	Insurer of Vehicle No. 2 (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver's Name	Address	Postcode	Phone No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner's Name	Address	Postcode	Phone No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

YOUR DESCRIPTION OF THE ACCIDENT

YOUR ACCIDENT DIAGRAM & VEHICLE DAMAGE

Use the section relevant to your accident

Please shade the area/s where your car has sustained damages

YOUR INSURANCE DETAILS

Type of insurance	Company	Policy No.	Due Date
<input type="radio"/> Comprehensive <input type="radio"/> Third Party	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

DECLARATION & AUTHORITY (DO NOT SIGN UNLESS READ AND UNDERSTOOD)

The information and answers given on this report are a true and complete statement of the facts and matters relating to this accident. I authorise Car Crash Line, Australia-Wide Assessing Pty Ltd and/or lawyers appointed by it to arrange the assessment of my vehicle, to obtain from, and to disclose to, any person or persons, such as Investigators, Loss Adjustors, Police and Insurance Companies, any information relevant to this accident.

I authorise Car Crash Line, Australia-Wide Assessing Pty Ltd and/or the appointed lawyer to act on my behalf in the negotiation and settlement of this accident.

I agree to pay any fees and disbursements of Car Crash Line, Australia-Wide Assessing Pty Ltd and/or the appointed lawyer which may be incurred in relation to settling my claim, irrespective of the outcome. Any funds recovered by Car Crash Line, Australia-Wide Assessing Pty Ltd and/or the appointed lawyer will be disbursed after the deduction of their fees.

I will not negotiate directly with the third party or their agent/Insurers and will forward all correspondence received from the third party, Insurers, or lawyers to Car Crash Line, Australia-Wide Assessing Pty Ltd and/or the appointed lawyer for their attention and relevant action.

The forwarding of this form to Car Crash Line or Australia-Wide Assessing Pty Ltd by email, facsimile, mail or hand delivery is evidence of my authority for Car Crash Line and/or Australia-Wide Assessing Pty Ltd to act on my behalf, whether the form is signed or not.

Owner's Signature	Driver's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>