

PARTY NOT AT FAULT

DRIVER

Name _____
Address _____
Suburb _____
State _____ Postcode _____
Home Phone _____
Work Phone _____
Mobile Phone _____
Fax Phone _____
Age of Driver _____

OWNER OF VEHICLE

Name _____
Address _____
Suburb _____
State _____ Postcode _____
Contact Phone Number _____
Your ABN number (if applicable) _____

VEHICLE DETAILS

Vehicle Rego Number _____
Make _____ Model _____
Year _____

INSURANCE DETAILS

Insurance Company _____
Type of cover:
Comprehensive Third party only Nil
Are you claiming repairs under your own policy?
Yes No Don't Know
Claim Number _____
Date Claim Lodged _____

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VEHICLE DETAILS

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Make _____ Model _____
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INSURANCE DETAILS

Insurance Company _____
Claim Number _____



Phone: 1300 22 67 67
Fax: 1300 79 71 20
Licenced Commercial Agent
Licence No: 409398430

ACCIDENT DETAILS

Date _____ Time _____ AM/PM
Street _____
Suburb _____
Number of Cars involved _____

Name & Phone Number of other drivers involved –
(if more than two)

Name _____ Tel No: _____
Name _____ Tel No: _____
Name _____ Tel No: _____

ACCIDENT DESCRIPTION (IN DETAIL)

Who Admitted Liability? _____

Admitted Liability : Verbally In Writing

Is the other party disputing liability: No Yes

Is your vehicle driveable/legal? No Yes

REPAIRER DETAILS

Repair Shop Name _____
Repair Shop Phone Number _____
Date Vehicle Required _____
Date Vehicle Admitted to Repair Shop _____