

ACCIDENT CLAIM FORM

YOUR DETAILS:-

NAME:

ADDRESS:

DRIVER'S LICENCE #:

VEHICLE DETAILS:

REGISTRATION #:

CONTACT NUMBERS: (Must supply one landline number):

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ACCIDENT DETAILS:-

DATE OF ACCIDENT: TIME OF ACCIDENT:

PLACE OF ACCIDENT:

BRIEF DESCRIPTION OF ACCIDENT:

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DIAGRAM OF ACCIDENT:

PARTY AT FAULT (PLEASE CIRCLE): YOU OTHER

OTHER PARTY DETAILS:-

OTHER PARTY NAME:

ADDRESS OF OTHER PARTY:

PHONE NUMBER OF OTHER PARTY:

OTHER PARTY'S DRIVER'S LICENCE #:

REGO NUMBER & MAKE OF OTHER PARTY VEHICLE:

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OTHER PARTY INSURANCE COMPANY (IF ANY - PLEASE ASK):

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ANY OTHER RELEVANT INFORMATION (E.G OTHER DRIVER ADMITTED FAULT,
POLICE CALLED, OTHER DRIVER TO BE CHARGED):

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THE CLAIM:-

TOTAL COST OF DAMAGE BEING CLAIMED:

FURTHER INFORMATION AND DOCUMENTS REQUIRED:-

ATTACH PHOTOGRAPH OF VEHICLE

ATTACH REPAIR QUOTE/INVOICE

Now simply fax this form/attachments to 07 3883 3711 and we will commence Recovery