

TAXI ACCIDENT CLAIM FORM

TAXI DETAILS:-

OWNER'S REGISTERED NAME:

OWNER'S ADDRESS:
(ONLY IF THIS IS YOUR FIRST CLAIM WITH US)

CAB NO:.....REGO NO:.....

DRIVER DETAILS:-

NAME:

ADDRESS:.....

DRIVER'S LICENCE #:

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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PARTY AT FAULT (PLEASE CIRCLE): TAXI OTHER

OTHER PARTY DETAILS:-

OTHER PARTY NAME:

ADDRESS OF OTHER PARTY:

PHONE NUMBER OF OTHER PARTY:

OTHER PARTY'S DRIVER'S LICENCE #:

REGO NUMBER AND 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:

TOTAL COST OF LOST INCOME BEING CLAIMED:shifts @ \$ /shift = \$

FURTHER INFORMATION AND DOCUMENTS REQUIRED:-

ATTACH PHOTOGRAPH OF DAMAGED TAXI

ATTACH REPAIR QUOTE/INVOICE

ATTACH SCHEDULE OF TAKINGS (INCOME) FOR DAMAGED TAXI FOR ONE MONTH PRIOR TO ACCIDENT

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