



TAXI ACCIDENT CLAIM FORM

Important Information

REMEMBER:

Photographs taken at the time of your accident speak volumes and can be the difference between success and disappointment.

Photograph the accident scene, damage to your vehicle and the other vehicle, the registration number of the other vehicle and the other person's drivers licence (front & back).

If you cannot take photographs, **check and double check all the details of the other driver.....Very Important!**

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):

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): TAXI OTHER

OTHER PARTY DETAILS:-

OTHER PARTY NAME:

ADDRESS OF OTHER PARTY:

PHONE NUMBER/EMAIL OF OTHER PARTY:

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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, WITNESS NAME & CONTACT DETAILS):

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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 PHOTOGRAPHS

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
or scan & email to admin@rblawyers.com.au
We will now commence Recovery**