

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, including their full name and date of birth.



ACCIDENT CLAIM FORM

Your Details:

Name: _____ Address: _____
Driver's licence #: _____ Vehicle details: _____
Registration #: _____
Phone number: _____ Party at fault: *(Please tick)* you other

The Claim:

Total cost of damage: \$ _____
Other costs: \$ _____
e.g. towing, vehicle assessment fee or hire car

Further information and documents:

Attach photographs of damage, accident scene and other party licence
Attach repair quote and tax invoice
Attach tax invoices for any other costs
Attach current registration certificate (or as at the time of accident)

Accident details:

Date: _____ Time: _____
Place: _____
Brief description of accident: _____

Diagram of accident:

