

A C C I D E N T
S O L U T I O N S

PROBLEM SOLVED!

Motor Vehicle Accident Report Form

1300 725 788



Your Car, Your Choice



Know Your Rights



Service & Quality Guaranteed



One Call Does It All



Owner's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Full Name / Company

Occupation or Business

Address

P/Code

Ph. Home

Work

Mobile

Fax

Email

ABN/ACN

Driver's Particulars (PLEASE COMPLETE IN BLOCK LETTERS) If same write in 'AS ABOVE'

Mr / Mrs / Ms Surname

Other Names

Address

P/Code

Ph. Home

Ph. Work

Mobile

D.O.B / /

Occupation

Year Licenced

Licence No.

Expiry Date

State of Issue

Licence Type

Relationship to Owner

Was Vehicle Used with Owners Consent? Y N

Your Vehicle

Year of Manufacture

Make

Model

Body Type

Colour

Registration No.

Manual/Automatic

Your Insurance Details

Name of Your Insurance Company

Policy No.

Policy Type Comprehensive 3rd Party

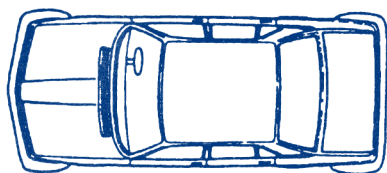
Is this Vehicle Financed? Y N If Yes, Contract No.

Name of Finance Company

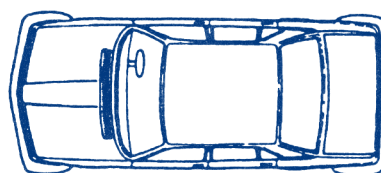
Agreement Type

Vehicle Damage (Mark All Damaged Areas With X)

Your Vehicle



Other Vehicle



Plan (PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & GIVEWAY SIGNS)

Indicate as Follows

Street/ Intersection



Curved Street



Pedestrian



Your Vehicle



Other Vehicle



(Direction of Traffic Shown by Arrow)

Indicate Traffic Control Signs e.g. STOP (Sign)



Indicate direction of North by Arrow

Particulars of all Passengers in Your Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Police

Did the Police Attend? Y N If No, Was The Accident Reported to The Police? Y N

If Yes, which Police Station? _____ Date Reported / / _____

Name Of Attending Police Officer _____ Police No. _____

Did Police Charge Anyone? If Yes, Who? _____

Nature of Charge _____

Did you consume any Alcohol or take any Drugs 12 hours prior to the Accident? Y N

Did you undergo a Breath or Blood Test Analysis? Y N If Yes, What was the Result? _____

Replacement Vehicle

Do you use Your Motor Vehicle for Business Purposes? Y N

Do You Require a Hire Car? Y N

Can You Provide Evidence in Support of the Need for a Substitute Motor Vehicle?

(e.g. Tax records, letters from Employer or Accountant) Y N

Driver of Other Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 1

Name _____ D.O.B. / / _____

Phone No. _____ Mobile _____

Address _____

_____ P/Code _____

Licence No. _____

Name of Registered Owner _____

Address _____ P/Code _____

Phone No. _____ Registration No. _____

Make of Vehicle _____ Model _____

Name of Insurance Company _____

Policy No. _____ Claim No. _____

Details of Other Drivers and Vehicles Involved (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 2 - If applicable

Name _____ Registration No. _____
Phone No. _____ Mobile _____
Address _____
P/Code _____

Vehicle 3 - If applicable

Name _____ Registration No. _____
Phone No. _____ Mobile _____
Address _____
P/Code _____

Particulars of Independent Witness (PLEASE COMPLETE IN BLOCK LETTERS)

Witness 1 - If applicable

Name _____ Phone No. _____
Viewed Accident From _____
Address _____
P/Code _____

Witness 2 - If applicable

Name _____ Phone No. _____
Viewed Accident From _____
Address _____
P/Code _____

Declaration

I declare the aforementioned to be true and correct.

Signature of Driver _____ Signature of Owner _____
Date / / _____ Date / / _____

AUTHORITY TO ACT

I, (name & surname)

of (address)

Being the owner / driver of (make & model)

Registration Number

Reference

Hereby authorise and agree to the following conditions for Accident Solutions to represent my interest:

- a. Tow or drive my damaged vehicle as necessary for storage, assessment of damage, and/or repairs.
- b. Prepare and submit estimate for repairs.
- c. Retain my vehicle until repairs have been completed and paid for.
- e. Commence legal proceedings in my name to recover the cost of repairs and/or loss and damage to my vehicle, and any other losses including hire car costs and/or loss of income, for this purpose I authorise lawyers to be instructed to take whatever action is reasonably necessary to recover my loss and damage.
- f. I appoint you my attorney to do any act, to sign any documents, and to do anything else on my behalf that is necessary or incidental to repairing, or claiming for the loss or damage to, my vehicle, I specifically authorise you to deal on my behalf with any insurers, repairers, assessors, law enforcement agencies, storage and/or towing businesses and any other persons who are in any way involved with the damage, storage or repair of my vehicle.
- g. I agree to indemnify you for any costs that you will incur on my behalf, or for which you remain liable in relation to the repairs to my vehicle including any legal costs in the event that I am found liable by a court, either in whole or in part for the accident occurring.
- h. I am aware that you may receive a commission or commissions in relation to arranging for the repair, storage, or other work done in relation to my vehicle.
- i. I agree that you will be under no legal liability to me if for any reason you are not able to have the repairs carried out on my vehicle. I agree that I will provide you with all further information you require from me on request in relation to my vehicle, any insurance, and anything relevant to making an insurance claim.
- j. I agree to sign any documents, and co-operate with lawyers appointed by you to represent me in relation to this case, and to attend court and give evidence if required to do so.
- k. **EVERYTHING I HAVE TOLD YOU IN CONNECTION WITH MY VEHICLE, THE ACCIDENT IN WHICH IT WAS DAMAGED, AND THE CIRCUMSTANCES OF MY CLAIM ARE TRUE AND CORRECT IN EVERY DETAIL.**

Owner

Witness

Date / /

Our Guarantee

All Repairs carried out by Accident Solutions members are guaranteed in writing.

Please ask you repairer for a written Guarantee Certificate on completion of repairs to your vehicle.



Accident Solutions

First Floor, 7 Cochrane St, Mitcham VIC 3132.

P.O. Box 4466 Ringwood VIC 3134

1300 725 788

Fax: 03 9874 5613

www.accidentsolutions.com.au