

Accident Details Form

Our Client's Car

Vehicle Details			
Make		Model	
Year		Rego #	

Owner			
Name		Contact Number	
Address Street			
Suburb		State	
Email			

Driver <input type="checkbox"/> or Same as above <input type="checkbox"/>			
Name		Contact Number	
Address Street			
Suburb		State	
Email			

Do you have insurance on your vehicle? Yes No

If yes, please fill in the following details:

Insurance Company _____ Claim No.: _____

Repairer: _____

Other Party's Car

Vehicle Details			
Make		Model	
Year		Rego #	

Owner			
Name		Contact Number	
Address Street			
Suburb		State	
Email			

Driver <input type="checkbox"/> or Same as above <input type="checkbox"/>			
Name		Contact Number	
Address Street			
Suburb		State	
Email			

Do you have insurance on your vehicle? Yes No

If yes, please fill in the following details:

Insurance Company _____ Claim No.: _____

Please provide the following details of the accident.

Date/time

Location

Describe the accident

Diagram of Accident

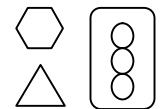
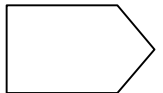
Label Diagram

Your Car

Other Party Car

Any significant signs

Other significant cars not involved



Hire Car Required? Yes No
 Is your vehicle: Drivable Non-Drivable

Date car Required		Assessment Date	
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Were there any witnesses? Yes No
 If yes, please provide any of their details.

Name		Contact Number	
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Was anybody injured? Yes No
 Was the accident reported to police? Yes No
 If yes, please provide any of the following details.

Report / Event #		When was it reported?	
Station		Officer's Name	

Authorisation

I hereby declare that all the information provided is true and correct to the best of my acknowledgement. I accept all responsibility if the above information has been falsified or if relevant information has been withheld.

- I give authority to RecoverCorp to:
- Act on my behalf as an agent and represent myself.
 - Send and receive documents related to my claim.
 - Arrange a quote and assessments for my claim.
 - Receive and pay anybody owed money related to this claim.

Name: _____ Date: _____
 Signature _____