

PARTY NOT AT FAULT

DRIVER

Name _____
Address _____
Suburb _____
State _____ Postcode _____
Mobile Phone _____
Work Phone _____
Home Phone _____
Fax Phone _____
Email _____
Age of Driver _____

OWNER OF VEHICLE

Name _____
Address _____
Suburb _____
State _____ Postcode _____
Contact Phone Number _____

VEHICLE DETAILS

Vehicle Rego Number _____
Make _____ Model _____
Year _____
Is your vehicle registered for GST?
Yes No Unsure
If yes, ABN # _____

INSURANCE DETAILS

Type of cover:
Comprehensive Third party only Nil
Insurance Company _____
Claim Number _____
Are you claiming repairs under your own policy?
Yes No Unsure

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INSURANCE DETAILS

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Claim Number _____



Phone: 1300 22 67 67
Fax: 1300 79 71 20
Licenced Commercial Agent
Licence No. 409398430

ACCIDENT DETAILS

Date _____ Time _____ AM/PM
Street _____
Suburb _____
Number of Cars involved _____

Details of other drivers involved - (if more than two)

Name _____ Tel No: _____
Name _____ Tel No: _____
Name _____ Tel No: _____

ACCIDENT DESCRIPTION (IN DETAIL)

Who Admitted Liability? Party at Fault Nobody

Admitted Liability:

Verbally Writing Not admitted

Is the other party disputing liability:

No Yes Unsure

Is your vehicle drivable/legal?

No Yes Unsure

REPAIRER DETAILS

Repair Shop Name _____
Date Vehicle Required _____
Date Vehicle Admitted to Repair Shop _____
How did you hear about us? _____