

**POLICY # (if known)** [REDACTED]**POLICY HOLDER NAME:** [REDACTED]

Address [REDACTED]

Telephone Number (Home) [REDACTED]

(Work) [REDACTED]

Cell/Mobile [REDACTED]

Email [REDACTED]

Preferred Method of Contact: [REDACTED]

**INSURED VEHICLE**

Vehicle Registration Number [REDACTED]

Make and Model [REDACTED]

For what purpose was the vehicle being used? Personal  Business  Fare paying passengers Was it used with owner's permission? Y  N **DETAILS OF THE DRIVER AT THE TIME OF THE ACCIDENT**

Name [REDACTED]

Address [REDACTED]

Telephone Number (Home) [REDACTED]

(Work) [REDACTED]

Cell/Mobile [REDACTED]

Email [REDACTED]

**MUST BE COMPLETED EVEN IF DRIVER IS OWNER**

Date of Birth [REDACTED]

Driving License # [REDACTED]

Expiry Date [REDACTED]

Permitted Class/es [REDACTED]

Please provide us with a copy of your driver's license

Approx. Date of the last time you passed the driving test [REDACTED]

Has the driver been convicted of any motoring offences during last 5 years (including speeding)? Y  N 

Please give details of speed, date &amp; other descriptions such as reckless driving and how long driver was off the road:

Are any charges being brought because of this accident? Y  N 

If yes, please explain what the charges are or are expected to be:

Has the driver been involved in any accident in last 5 years? **Y**  **N**

If yes, please give details

**DETAILS OF THIS ACCIDENT**

Date  Time  **AM**  **PM**  Place

\*Please describe accident in your own words including where you were coming from and where you were going. Please use a separate sheet or email if you run out of space:

Did police attend? **Y**  **N**  Please attach Police report if available

Describe Damage to YOUR vehicle:

(Please attach repair estimate if applicable – we will also require photos of your damaged vehicle)

Name, relationship, and address/phone number of all passengers in your vehicle (of any age)

Name, relationship, and address/phone number of any witnesses that saw the accident as it happened:

**LIST ALL OTHER PARTIES & THEIR DETAILS (PLEASE USE ANOTHER SHEET IF NEEDED)**

1. Name of other property owner (e.g., of the other vehicle or a wall)

Phone Number  Email

What was the property damage?

Nature/extent of damage

WAS ANY PARTY INJURED? Y  N  OR TAKEN BY AMBULANCE TO HOSPITAL? Y  N

**IF SO, WHOM? (PLEASE PRINT THEIR NAME)** \_\_\_\_\_

Please describe what you could see/know of their injuries:

2. Name of other property owner (e.g., of the other vehicle or a wall)

Phone Number

Email

What was the property damage?

Nature/extent of damage

WAS ANY PARTY INJURED? Y  N  OR TAKEN BY AMBULANCE TO HOSPITAL? Y  N

**IF SO, WHOM? (PLEASE PRINT THEIR NAME)**

Please describe what you could see/know of their injuries

SKETCH DETAILS OF ACCIDENT SITE HERE:

**DECLARATION**

I/We hereby declare that, to the best of my/our knowledge and belief, the forgoing statements and those on supplementary documents or pages, are fully and truly made and no material fact has been misrepresented, misstated, or withheld. I agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information provided.

I/We acknowledge and understand that any misrepresentation, fraudulent act, or material misstatement made in support of my / our claim may lead to the claim being voided.

I/We agree that insurers may, at their option, make settlement of any claim, suit, or action for damages that may be made against me / us in respect of the above incident.

**I/We understand that acceptance of this form by Insurers does not indicate any agreement to pay any portion of any claim against my / our policy or any other policy.**

I/We give my / our consent for the processing of my personal and sensitive data to support this claim.

**By checking this box, I, the owner, confirm that I have read, understood, and agree to the terms of this Declaration.**

**By checking this box, I, the driver, confirm that I have read, understood, and agree to the terms of this Declaration.**

**INSURED'S NAME:** \_\_\_\_\_  
*PLEASE PRINT*

**INSURED'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DRIVER'S NAME:** \_\_\_\_\_  
*PLEASE PRINT*

**DRIVER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_