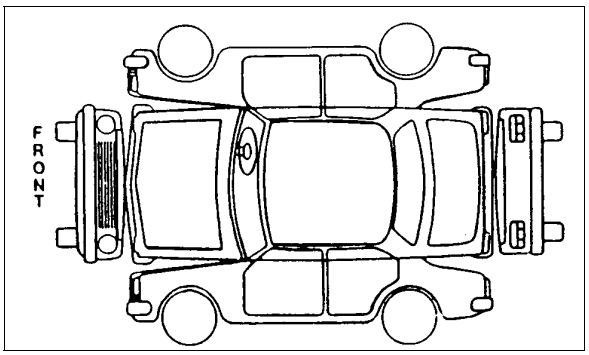
Incident Report Form - Motor Vehicle

1. Policy Details

Insured Name	**Policy Number** .....
ABN Details	

2. Accident Details

Date of Accident	**Name of Street & Suburb where accident occurred**
Time of Accident	.....
Was the street wet? ☐ Yes ☐ No	**If at an intersection, names of intersecting streets**
	.....
State clearly and fully how the accident occurred	**Please indicate areas of damage to your vehicle:**
.....	
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3. Vehicle Details

Vehicle Year & Make	**Did the police attend the scene?** ☐ Yes ☐ No
.....	**Police Report No**.....
Vehicle Registration	**Was your vehicle towed?** ☐ Yes ☐ No
Vehicle Vin Number.....	**Where is the vehicle now?** .....
Is your vehicle drivable? ☐ Yes ☐ No	.....

4. Driver Details

Name of Driver .....

Date of Birth .....

Licence Number .....

Licence Expiry .....

How long has the driver held a motor vehicle drivers licence?

.....**years**

What is the relationship between the Driver & the policy holder?

☐ Self ☐ Relative ☐ Employee ☐ Friend ☐ Other

If Other, please describe:.....

Was the driver under the influence of any drug or alcohol at the time of the accident? ☐ Yes ☐ No

Please state what drugs or how much alcohol was consumed by the driver in the 12 hours prior to the accident:

.....

.....

Have you, the driver of the vehicle at the time of the accident:

(i) been involved in any previous motor vehicle accident in the last 5 years?
☐ Yes ☐ No

(ii) been charged with any offence in relation to the use of a motor vehicle in the last 5 years?
☐ Yes ☐ No

(iii) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms imposed in the last 5 years?
☐ Yes ☐ No

If "Yes", to (i), (ii) or (iii), please give details below:

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5. Other Parties (Please complete this section if any other vehicles or property involved)

Did the other party admit liability?	☐ Yes ☐ No	If Yes, please give details: ……
Third Party name and address **Phone Number**	……. …….	
Make and Model of Vehicle **Vehicle Registration** **Please give particulars of damage to other party's vehicle and/or property**	…….. …….. …….. ……..	

6. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the incident.

Name ……

Signature …… Date: ……/……/…