

Accident Claim Form

1. Make sure that you give us ALL the details about your accident.
2. Send us all quotations which you have received for repairs.
3. Be ready to give any information and documents that we may ask for.

NOTES

1. Page 1 to be completed by the Member..
2. Pages 2, 3 & 4 by the Driver of the vehicle.
3. Declaration on Page 4 to be signed by the Member *and* the Driver.
4. IF INSUFFICIENT SPACE please add additional sheets

The issue of this Form on Receipt of Notice of an Accident is no admission of liability and it is issued without prejudice.

MEMBER'S DETAILS

| | | | |
|--------------|--|-----------|--|
| Full Name | | | |
| Address | | State | |
| | | Post Code | |
| Company Name | | | |
| Contact No | | | |
| Email | | | |

MEMBER'S VEHICLE (TAXI)














| | | | | | | | |
|-----------|--|------|--|-------|--|---------|--|
| Year | | Make | | Model | | Rego No | |
| Engine No | | | | | | | |

OFFICE USE

| | |
|-------------------------|--|
| Claim Number: | |
| Date Claim Lodged: | |
| Claim Form Received By: | |
| Claim Validated By: | |

THE ACCIDENT

SKETCH A CLEAR DIAGRAM OF THE ACCIDENT (To be completed by driver) Show positions of vehicles or obstacles involved. Mark names of roads.

- Street Intersection 
 - Curved Street 
 - Persons 
 - Your Vehicle 
 - Other Vehicle/s Number 1,2,3 etc. 
 - Show direction of travel by arrow in symbol 
 - 
 - Parked Vehicle 
 - Rail/Tram Tracks 
 - Stop Signs 
 - Give Way Sign 
 - Pedestrian Crossing 
 - Traffic Lights 
- (other road signs please specify)

Date of accident Time of accident AM / PM Day of accident

| Place of accident | NAME OF STREET TRAVELLING IN | IF AT INTERSECTION NAME OF INTERSECTING STREET | SUBURB OR TOWN |
|-------------------|------------------------------|--|----------------|
| | | | |

DRIVER'S STATEMENT OF HOW ACCIDENT OCCURRED:

VEHICLE & ROAD CONDITIONS (Tick appropriate box)

- TRAFFIC CONTROLS** Traffic lights give way sign stop sign police controls rail crossings other crossings
ROAD CONDITIONS Dry surface wet surface loose surface
WEATHER CONDITIONS Clear Raining Snowing Fog Cloudy Other
DRIVER'S VEHICLE SPEED Under 30km/h 30 – 60 km/h 60 – 80 km/h 80 – 100 km/h over 100 km/h
OTHER VEHICLE'S SPEED Under 30km/h 30 – 60 km/h 60 – 80 km/h 80 – 100 km/h over 100 km/h

Was the accident caused by any failure or breakdown of your vehicle? Yes No If yes, give particulars

Who in your opinion was responsible for the accident and why?

Did anyone admit responsibility for this accident, verbally or otherwise? Yes No
 If so whom?

DETAILS OF DRIVER OR PERSON IN CHARGE OF TAXI

| | | | |
|-----------------------------------|--|-------------------|--|
| Driver's Name | | Date of Birth | |
| Driver's Address | | State | |
| | | Post code | |
| Driver's Contact No | | | |
| Email | | | |
| Current Licence No | | No. of Years Held | |
| Current Taxi Authority Licence No | | No. of Years Held | |

Have you had any traffic charges or convictions of a motor offence in the past 5 years?

Yes

No

- if Yes, give details including approximate dates

| |
|--|
| |
|--|

OTHER PARTY'S DETAILS

If another vehicle/property was involved in the accident, give details. If more than one, attach separate sheet.

| | | | |
|---|--|---------------------|--|
| Driver's Name | | Phone No | |
| Address | | Post code | |
| Date of Birth | | Driver's Licence No | |
| Make of vehicle | | Year of Manufacture | |
| | | Colour | |
| | | Rego No | |
| Name of Registered Owner | | Phone No | |
| Address | | Post code | |
| Other Party's Insurance Company Details: | | Policy No: | |
| | | Claim No: | |
| Email | | | |

WITNESS DETAILS

If there were any witnesses complete this section:

| | | |
|-----------------|--|--|
| Name of Witness | | |
| Address | | |
| Phone No | | |
| Email | | |

If more than one witness, please use additional paper

POLICE DETAILS

If the accident was attended by/reported to the police complete this section:

Did a police officer make record of the facts? Yes No

| | |
|----------------------|--|
| Name of Officer | |
| Name of Station | |
| Phone No | |
| Police Report Number | |

Was the driver of the members vehicle required to undergo a breath test or analysis Yes No

YOUR VEHICLE (TAXI)

At which repairer can the vehicle be inspected during office hours?

Is the vehicle drivable? Yes No

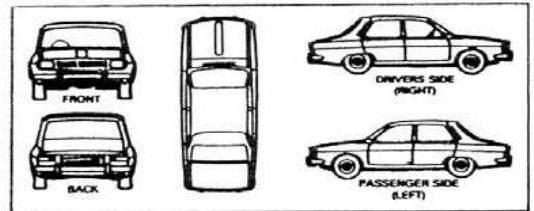
Was the vehicle towed? Yes No

Name of towing company

Have you obtained quotes for repairs? Yes No

Amount: \$

Shade in damage to your vehicle



IMPORTANT PLEASE NOTE: NO REPAIRS TO DAMAGED VEHICLE ARE TO BE MADE UNTIL AUTHORIZED BY THE COMPANY

DECLARATION

To be completed by driver

I of

Do solemnly and sincerely declare that the details and answered queries above are true and correct and promise to assist Taxicare in every way in dealing with the claim.

I / We declare that no information has been withheld which may affect the claim.

I / We confirm that Taxicare may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as Taxicare may consider desirable in our common interest or in Taxicare's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorise the repairer approved by Taxicare to carry out repairs and to accept the appointment of any assessor instructed by Taxicare.

Date: Driver's Signature (If not the owner)

To be completed by the Owner

I / We of

Do solemnly and sincerely declare that

1. The particulars contained in the foregoing claim form relating to the driver are true and correct to the best of my knowledge and belief and promise to assist Taxicare in every way in dealing with this claim.

2. I / We declare that no information has been withheld which may affect the claim.

I / We confirm that Taxicare may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as Taxicare may consider desirable in our common interest or in Taxicare's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorise the repairer approved by Taxicare to carry out repairs and to accept the appointment of any assessor instructed by Taxicare.

Date: Owner's Signature: