

ACCIDENT REPORT FORM



NOTE: THIS IS NOT A CLAIM FORM BUT AN ACCIDENT REPORT ONLY

If you wish to take the matter further please lodge a claim.

Note: You are responsible to ensure that your drivers have obtained all relevant parties details as below

HANDY TIP..... ALWAYS TAKE PHOTOS!!!

Note: Keep a copy of this form in your vehicle to complete if required in the event of an accident.

Email too: admin@taxicare.com.au

DATE OF REPORT: _____

DETAILS OF INSURED

Taxi Rego No: _____ Members Name: _____

Date of Accident: _____ Day: _____ Time: _____ AM/PM

Location of Accident: _____

Driver's Name: _____ Contact No: _____

DETAILS OF THIRD PARTY

Driver's Name: _____ Contact No: _____

Driver's Address: _____

Email: _____

Registration: _____ Make & Model: _____ Insurance Co: _____

WITNESS DETAILS

Witness Name: _____ Contact No: _____

Address: _____

Email: _____

DETAILS OF ACCIDENT: Please provide brief description of accident.
