

Accident Claim Form

POLICY HOLDER / 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							

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	

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	
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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:

[illegible]

WITNESS DETAILS

If there were any witnesses complete this section:

Name of Witness		
Address		
Phone No		
Email		

OTHER PARTY'S DETAILS

If more than one vehicle/property was involved in the accident, give details below.

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		Policy No:	
Company Details:		Claim No:	
Email			

SECOND OTHER PARTY'S DETAILS

If more than two, please 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		Policy No:	
Company Details:		Claim No:	
Email			

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

Is your vehicle in storage? ☐ Yes ☐ No

Where is your vehicle?

Name of towing company

**IMPORTANT PLEASE NOTE: NO REPAIRS TO DAMAGED VEHICLE ARE TO BE MADE UNTIL
AUTHORISED BY TAXICARE AUSTRALIA**

DECLARATION

To be completed by driver

<input type="text"/>	of	<input type="text"/>
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Do solemnly and sincerely declare that the details and information provided are true and correct and were completed by myself, I promise to assist Taxicare in every way in dealing with the claim.

I agree to my details being provided to any other parties

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

I agree and understand to all of the above

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

To be completed by the Owner

I / We	<input type="text"/>	of	<input type="text"/>
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Do solemnly and sincerely declare that

1. The particulars contained in the claim form relating to the driver are true and correct to the best of my knowledge and belief and I 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:



AUTHORITY TO ACT

I /We..... (member name / company)
appoint Taxicare Australia to act on my/our behalf in dealing with all aspects in claim related matters.

Claim Number

I authorise Taxicare Australia to receive all payments but not limited too: Repairs/Tows/assessments
and any other claims related losses.

Signed

Date

Name