

MOTOR VEHICLE CLAIM FORM

Repairer: _____ Phone No: _____

Full name of registered owner of the vehicle (as it appears on the registration certificate):

First name:		Surname:	
Address:			
Telephone: (Mobile)		(W):	(H):
Email address:			
Occupation:		Licence No.:	
Are you registered for GST? Yes / No If so, what is your ABN:			

Driver of your vehicle at the time of the accident:

First name:		Surname:	
Address:			
Telephone: (Mobile)		(W):	(H):
Email address:			
Occupation:		Licence No.:	
If you are not the owner of the vehicle, what is your relationship to the owner?			

Your vehicle:

Make:	Model:	Reg No.:
Is your vehicle insured? Yes / No	If yes, Comprehensive / Third Party?	
Have you made a claim? Yes / No	Where is your vehicle now?	
What is your estimate of the pre-accident value?		

Your losses:

Was your vehicle towed? Yes / No	Do you require a hire car? Yes / No
Have you suffered loss of income? Yes / No If so, what is your loss?	
Other damaged items (e.g. baby seat, pram, helmet, riding gear etc):	
Were you/any other person in your vehicle injured? Yes / No If yes, us to arrange a meeting with one of our personal injury lawyers? Yes / No	

The Accident

Date of accident: _____ Time: _____

Location of accident: _____

Provide a summary of how the accident occurred: _____

Please draw a diagram of your accident:

Who, in your opinion, was responsible for the accident?: _____

Other driver's details:

First name:		Surname:	
Address:			
Telephone: (Mobile)		Licence No.:	
Approximate age:		Licence No.:	
Name and address of owner if not the same as driver:			
Make:	Model:	Reg No.:	
Is there vehicle insured: Yes / No		If yes, which company?	
Claim Number / Policy Number:			

Police:

Was the collision reported to the police? **Yes / No** _____

If yes, details of police: _____

Has either driver been charged? **Yes / No** (provide details) _____

Was a breathalyser test carried out? **Yes / No** _____

If yes, result: _____

Witnesses/ Passengers:

Were there any passengers in your vehicle? **Yes / No** _____

Were there any independent witnesses to the collision? **Yes / No** _____

If yes, the name and addresses of the witness(es): _____

What you should do

1. Complete the details on this form fully and truthfully. Provide as much information as possible.
2. Sign and return the form to us at info@aicl原因.com.au or post/hand deliver to our office: Ground floor, 485 La Trobe Street Melbourne VIC 3000
3. Provide us with a copy of the vehicle registration certificate and any other information about the Collision.
4. If you are comprehensively insured, you may wish to lodge a claim with your insurer marked "Report Only". This will protect your rights and will not affect your no claim bonus if a claim is not made.
5. Refer any communications from the offending party or their insurers to us.
6. Provide to us all reasonable assistance and cooperation in relation to these instructions.
7. Notify us of any change of your address and confirm that should you fail to do so, we are entitled to consider ourselves no longer bound by your instructions.

I acknowledge that AIC Lawyers are relying upon the information supplied by me as to the circumstances and particulars surrounding the collision.

NAME: _____ SIGNATURE: _____ DATE: _____