



Fax 9561 3588 Phone 9560 0088

Your Vehicle Details

Driver Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Date of Birth: _____ Drivers Licence: _____
 Passenger Details: _____

Registered Owner Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Email address: _____ Drivers Licence: _____
 Do you require a hire car: ☐ Yes ☐ No ITC%: _____
 Are you registered for GST: ☐ Yes ☐ No If 'Yes' what is your ABN: _____

Vehicle Details Registration #: _____ Vehicle Make: _____
 Vehicle Model: _____ Body Type: _____
 Year of Manufacture: _____ Colour: _____
 Your Insurer: _____ ☐ Comprehensive ☐ Third Party

Other Vehicle Details

Driver Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Date of Birth: _____ Drivers Licence: _____

Registered Owner Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____

Vehicle Details Registration #: _____
 Name of Insurer: _____
 Claim No.: _____ Policy No.: _____
 Vehicle Model: _____ Vehicle Make: _____
 Year of Manufacture: _____ Body Type: _____
 Colour: _____

Name of Repairer completing this form on behalf of Autohaus Assessing



Police

Police
Details

Police Attendance: ☐ Yes ☐ No

Statement Taken: ☐ Yes ☐ No

Officer Name: _____

Station: _____

Authority to Quote/Repair

I, as the owner of this vehicle/agent for the owner of this vehicle AUTHORISE

_____ (name of panel shop)

to store, quote and repair the vehicle as detailed on this form.

Authority to Act

I, (name & surname) _____

of (address) _____

being the owner/driver of (make & model) _____

Registration Number _____

I/We authorise Express Legal to act on our behalf as per the instructions provided and recover the losses that we have incurred, as a result of this motor vehicle accident, caused by the negligence of the driver stated in the claim form.

I hereby consent Express Legal Service to;

- (a) Sign documents on my behalf
- (b) Organise & appoint independent assessors to substantiate my losses.
- (c) Refer the third party/their representative or their insurer not to contact me directly, but to forward all correspondence to Express Legal in relation to this motor vehicle accident.
- (d) Contact my preferred repairer to commence repairs to my vehicle once liability is established by Express Legal.
- (e) I understand Express Legal operates on a NO WIN – NO FEE basis, providing that the matter is not defended and your vehicle is repaired by your nominated third party repairer.
- (f) If the matter is defended, we shall advise you in writing and seek for further instructions before any costs are incurred by you.
- (g) I/We authorise and direct all monies & payments settling this claim received on our behalf to be banked into the Express Legal trust account.
- (h) I/We authorise Express Legal to pay all expenses properly incurred to my/our name, including repair costs, assessing fees, hire car costs (if incurred), towing and storage costs (if applicable).
- (i) In the event of any payments in relation to this claim is received by me, I agree to forward this cheque or payment immediately to Express Legal.
- (j) I acknowledge that if I withdraw my claim without consent, I will personally be responsible for costs incurred up until that point

Name: _____

Signature: _____

Date: _____

Third Vehicle or Witness Details

Witness or Third Vehicle Details
 Name: _____
 Address: _____
 H/W Telephone: _____ Mobile: _____
 Registration Number: _____ Vehicle Make: _____

Accident Description

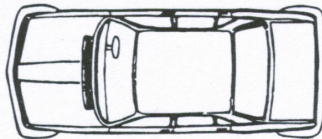
Accident Details
 Date: _____ Time: _____
 Street/s: _____
 Suburb: _____
 Describe what happened: _____

Who do you consider "at fault": _____ Give Reason: _____

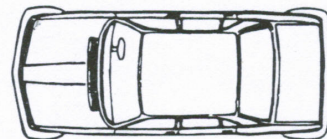
Did anyone admit fault, if so, who?: _____

Accident Diagram

Your Vehicle



Other Vehicle



Plan (Please sketch scene of accident and show all traffic lights, stop & giveaway signs)

Indicate as Follows

Street / Intersection



Curved Street



Pedestrian



Your Vehicle


 Other Vehicle
 (Direction of Traffic
 Shown by Arrow)

 Indicate Traffic Control
 Signs e.g. STOP (Sign)


State conversation with other drivers, witnesses: _____

Was your vehicle driveable: ☐ Yes ☐ No Name of Towing Co. _____

Location of Vehicle: _____