MANAGEMENT SOLUTIONS SUITED TO YOUR NEEDS

- Third party recovery agency for motor vehicle accidents that are not your fault.
- No need to lose your No Claim Bonus with your insurance company.
- Why pay an excess and wait for re-imbursement.
- · One Quote System.
- · Your choice of a repairer.
- Solicitor referral if required.

THIS IS HOW RRR CAN HELP YOU

A full recovery means there will be no cost to you. No Win - No Fee.

Your choice of Panel Beater.

In regard to hire car claims and loss of earnings these expenses may only be claimed if substated by documentary evidence. Hire car expenses need to be proved that car repairs were commenced and completed without delay.

Signing the accident information sheet will allow and authorise us to act for you on your behalf to seek to recover the cost of your repairs to your vehicle. Our aim is to recover the cost of the repairs from the party that hit you as quick as possible.

If you have any queries; before you sign the accident information form ring Maryanne Chamberlain on 9584 8722.

Once authorisation has been signed over, it's in your best interests not to enter into any type of negotiations or discussions with the other party. This is my best advice. This will hinder recovery of money owed and jeopardise any action taken by us or on your behalf.

Please refer all contact from third party or their insurance company immediately to the number below.

Rapid Response Recoveries

PO Box 2963 Cheltenham VIC 3192
Telephone (03) 9584 8722
Facsimile (03) 9584 8733
Mobile 0438 117 877
maryanne@rapidresponse.com.au



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MANAGEMENT SOLUTIONS SUITED TO YOUR NEEDS

"FOR ACCIDENTS, NOT YOUR FAULT"

ACCIDENT INFORMATION SHEET

YOUR DETAILS

OTHER PARTY DETAILS

TOUR DEIA		OTHER PARTY DETAILS	
REGISTERED OWNER		DRIVER	
Name		Name	
Address		Address	
	Post Code	Post Code	
Telephone Business		Telephone Business	
Home Mobile		Home Mobile	
GST Registered	☐ Yes ☐ No	Licence Number	
If so your ABN Numb	per	OWNER	
DRIVER		Name	
Name		Address	
Address		Post Code	
-	Post Code	Telephone Business	
Telephone Business		Home Mobile	
Home	Mobile	- INSURANCE COMPANY	
INSURANCE COMPANY		- INSOIVANCE COMITAIN	
		Policy Type Comprehensive Third Party	
Policy Type	☐ Comprehensive	Policy Type L Comprehensive L Third Party Claim No:	
	☐ Third Party		
VEHICLE	<u> </u>	- VEHICLE	
Make	Year	Make Year	
Model	Registration	Model Registration	
IVIOGEI	Registration	Details if any: (e.g passenger details, was liability	
DIAGRAM O	F ACCIDENT	admitted at accident etc.)	
		1	
		1,	
·			
		LEGEND	
		Your Car	
e.		Green Light Red Light	
		Give Way Sign Stop Sign	

WITNESS DETAILS

Signed

lame		
Address		Post Code
elephone Business	Home	Mobile
POLICE REPORT		
there a Police Report	° ☐ Yes	□ No
lame of Officer		
olice Station Details		
ACCIDENT DETAILS		
Pate & Time	Suburb	
lace	Weather - 🔲 Wet	☐ Dry ☐ Other Specify
Description of accident in your own	words	
	à la companya de la c	
		4
AUTHORITY TO OUO	TE AND REPAIR	VFHICI F
AUTHORITY TO QUO		VEHICLE
AUTHORITY TO QUO	TE AND REPAIR	VEHICLE
AUTHORITY TO QUO		VEHICLE
	of	VEHICLE
eing owner hereby authoriseo quote and repair my vehicle, with	of registration number	VEHICLE
eing owner hereby authorise o quote and repair my vehicle, with epairer	of	VEHICLE
eing owner hereby authoriseo quote and repair my vehicle, with	of registration number	VEHICLE
eing owner hereby authorise o quote and repair my vehicle, with epairer	of registration number	VEHICLE Date
eing owner hereby authorise quote and repair my vehicle, with epairer ddress gned	of registration number Phone	
eing owner hereby authorise o quote and repair my vehicle, with epairer ddress	of registration number Phone	
eing owner hereby authorise quote and repair my vehicle, with epairer ddress gned	registration numberPhone Witness	
eing owner hereby authorise o quote and repair my vehicle, with epairer ddress gned	of registration number Phone Witness	Date
eing owner hereby authorise o quote and repair my vehicle, with epairer ddress gned AUTHORISATION I declare the information is correct. I authorise Rapid Response Recovery	registration number Phone Witness t	Date

Date

5. I authorise all settlement monies to be forwarded to Rapid Response Recovery for disbursement.

Witness