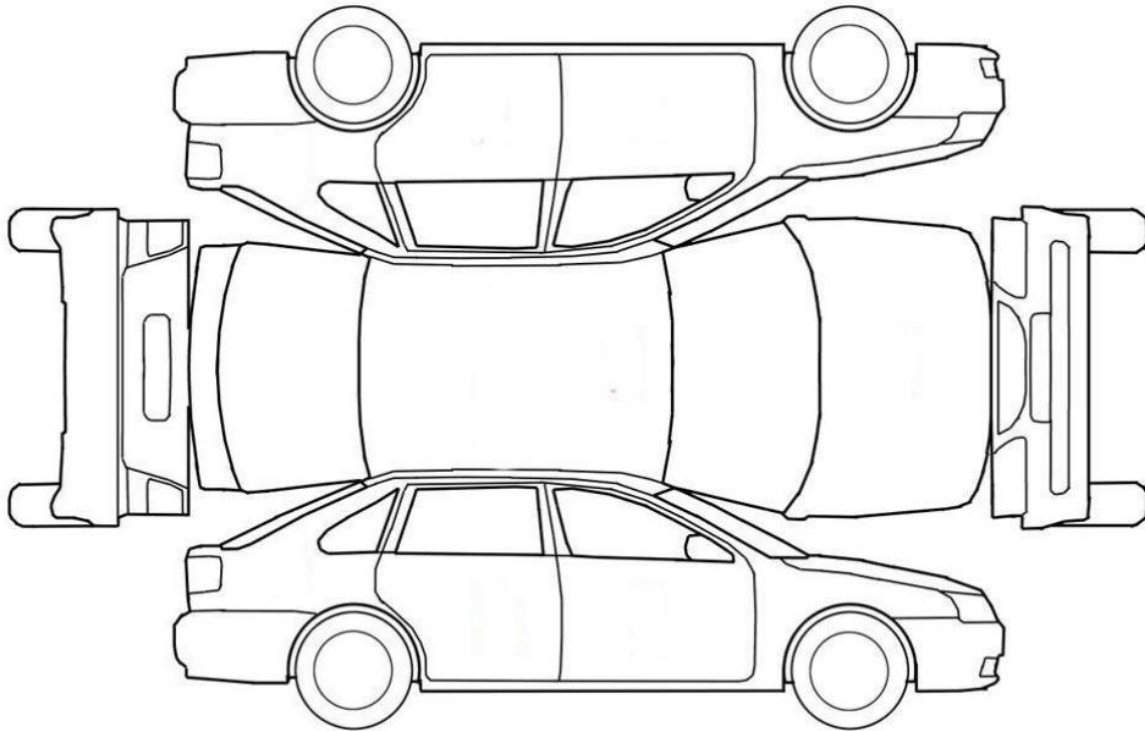


Describe the extent of damage to your vehicle (circle on diagram the areas impacted):



What traffic controls were in place? Give way sign Pedestrian crossing Rail crossing Road works (controlled) Stop sign Traffic lights
 Other, specify:

Provide any road features: Car park Crossroad Driveway Median opening Intersection Roundabout Tunnel
 T Junction Other, specify:

Provide details of road surface: Sealed Unsealed Off-road Combination of road surfaces

Speed of your vehicle before the incident? _____ km/hour Speed of your vehicle at the point of impact? _____ km/hour

What vehicle lights were displayed/activated at the time of the incident? Headlights Sidelights/indicators Emergency lights

What were the weather conditions at the time of the incident? Clear Raining Overcast Fog/mist Smoke/dust Sun glare
 Other, specify:

Was your vehicle towed away? Yes No If yes, by whom:

Present location of vehicle:

Who is your choice of repairer?

Driver details

Last name:		First name:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee number:	
Address:			
Phone:		Email:	
Occupation:			
Driver's licence number:	Expiry date:	State of issue:	Class:
How long has the driver/person had experience with this type of vehicle?			years
How many years has the driver held a relevant driver's licence?			years
How many hours had the driver travelled in the 24 hours prior to the incident?			hours
Was the driver an agency employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide details:		
Was the driver tested for drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide results:		
Did the Police attend the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, report number:		
Was an online crash report form completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, crash number:		

Stolen vehicle details

If the stolen vehicle has been located, where is it?	
Have the Police located any offenders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Police report number:	
Police station:	
Details of offenders (if known):	

Other vehicle, owner and driver details

Driver last name:		First name:	
Address:			
Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:		Email:	
Owner last name:		First name:	
Address:			
Phone:		Email:	
Make of vehicle:		Model:	Registration No:
Driver's licence number:	Expiry date:	State of issue:	Class:
Is the driver known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how:			
Is the vehicle insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, policy number (if known):			
Insurance company:			
What vehicle lights were displayed/activated at the time of the incident? <input type="checkbox"/> Headlights <input type="checkbox"/> Sidelights/indicators <input type="checkbox"/> Emergency lights			

Witness details (if applicable)

Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:

Driver declaration

I declare that the details submitted are true and correct.	
Signature: _____ Date: _____	
Name:	Title:
Phone:	Email:

Agency declaration and authorisation

I declare that I am the person authorised to lodge the claim against RiskCover on behalf of the abovementioned agency.	
Signature: _____ Date: _____	
Name:	Title:
Phone:	Email: