



Motor Vehicle Claim

1. Agency details

| | |
|------------------------|---|
| Agency name: | |
| Address: | |
| Contact name: | |
| Phone: | Email: |
| Risk/cost centre: | Vehicle ownership: <input type="checkbox"/> Agency <input type="checkbox"/> Private <input type="checkbox"/> Hire vehicle |
| Vehicle fleet manager: | |

2. Vehicle details

| | |
|--------------------------------------|----------------------|
| Make: | Model: |
| Body type: | Year of manufacture: |
| Vehicle identification number (VIN): | Registration number: |

3. Glass claims (if applicable)

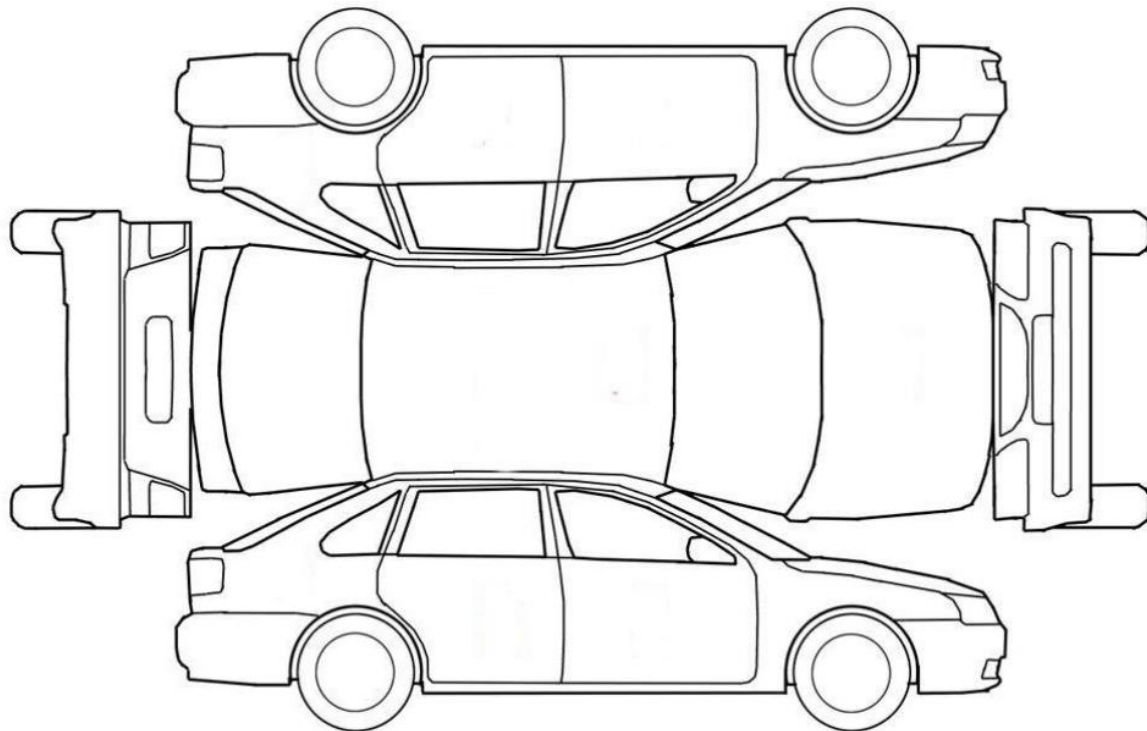
What glass broken? Front windscreen Rear windscreen Driver's side window Passenger side window
 Left rear window Right rear window Right rear quarter window Left rear quarter window

If glass has not been replaced or repaired please contact your fleet manager or the Insurance Commission.

4. Incident details (must be completed in full)

| | | |
|---|-------|---------|
| Date of incident: | Time: | am/pm |
| Address/location of incident: | | Suburb: |
| Description of incident: | | |
| Who is, or what was, considered to have caused the incident? | | |
| Why? | | |
| <p>Sketch the scene of the incident (use separate sheet if necessary):</p> <ol style="list-style-type: none"> Name the streets Indicate direction with arrows ←→↑↓ Show your vehicle <input type="checkbox"/> and the other vehicle(s) ■ Indicate distances, e.g. 4m → ■ Show accurately the position of any pedestrian (P) or vehicles involved in the incident and witnesses (W) Show point of impact X Show existence of road signs at intersections | | |
| | | |

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?

5. 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: | | |

6. Stolen vehicle details

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| 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): | |

7. 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 | | | |

8. Witness details (if applicable)

| | |
|----------|--------|
| Name: | |
| Address: | |
| Phone: | Email: |
| Name: | |
| Address: | |
| Phone: | Email: |

9. Driver declaration

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

10. Agency declaration and authorisation

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