

Motor Vehicle (Third Party Insurance) Act, 1943

Official use

Ref. No:

NOTICE	OF IN	TENTIC	OT NO	MAKE	CI AIM
INCLICE				IVIAIL	CLAIM

I notify	the Insurance Comr	nission of Western Australia that	(name of claimant)			
intends to claim damages for death/bodily injury directly caused by, or by the driving of, a motor vehicle.						
Details of crash						
Date	1 1	Registration Number of vehicle (if known)	involved			
	Surname:	Given Names:				
Name and address of driver		Address:				
Circumstances of crash :						
		Surname:	Given Names:			
Name and address of witnesses	and addraga	Address:				
		Surname:	Given Names:			
		Address:				
Details of deceased or injured person						
		Surname:	Given Names:			
Name and address		Address:				

Date of birth	1 1	
Relationship to claimant (if applicable)		
Occupation and employment details		
Date of return to work or, if still incapacitated, estimated period of incapacity		
Nature of known injuries		
	Name	Address
Name and address of		
Name and address of each doctor/hospital		
attended		
Details of previous cl	aims	
Has the claimant previously	made a personal injuries cla	im in respect of this or any other injury? Yes No
If yes, provide the following	details in respect of each cla	im.
Date of injury	1 1	
Details of injury		
Type of claim (e.g work, home, sports, motor vehicle)		
Date: / /	Name:	Signature of claimant/on behalf of claimant :
		PLEASE SIGN HERE
		IF YOU ARE UNABLE TO INSERT A DIGITAL SIGNATURE TYPE NAME HERE

PRINT CLEAR