

Motor Vehicle Claim Form

Not-At-Fault Driver Details

Name

Address

Suburb

Postcode

State

Email

Not-At-Fault Insurer Details

Name

Claim Number

Not-At-Fault Vehicle Details

Make

Model

Year

Registration

Not-At-Fault Owner Details (if different from driver)

Name

Address

Suburb

Postcode

State

Email

At-Fault Driver Details

Name

Address

Suburb

Postcode

State

Email

At-Fault Insurer Details

Name

Claim Number

At-Fault Vehicle Details

Make

Model

Year

Registration

Motor Vehicle Claim Form

Accident Details

Date of Accident

Accident Location

Witness & Police Details

Witness Name

Police Name

Witness Phone

Police Phone

Witness Email

Police Event No.

Accident Description

Accident Diagram

Your car

At fault car

Declaration

Name

Signature

Date