

ACCIDENT DETAILS

Your Car

Name: Mr/Mrs/Ms Email:
Address:
Suburb: Postcode:
Phone: (Bus) (Home) (Mob)

Owner

Name: Mr/Mrs/Ms Email:
Address:
Suburb: Postcode:
Phone: (Bus) (Home) (Mob)

Repairer

Name:
Phone: (Fax)

Insurance Details

Company Name: Comprehensive
Third Party

Vehicle Details

Make: Model: Year: Reg No:

Driver

Other Car

Name: Mr/Mrs/Ms Email:
Address:
Suburb: Postcode:
Phone: (Bus) (Home) (Mob)

Owner

Name: Mr/Mrs/Ms Email:
Address:
Suburb: Postcode:
Phone: (Bus) (Home) (Mob)

Insurance Details

Company Name: Claim No: Comprehensive
Third Party

Vehicle Details

Make: Model: Year: Reg No:

Hire Car Required

GST Registered

Loss of Wages

Yes No

Yes ITC%:

No ABN:

Yes No

ADDITIONAL INFORMATION

Place of Accident








Street: Suburb:

Day & Date:

Detailed Description of Accident

Details:

Diagram of Accident

Your Car  Other Car 
Streets & Intersections  Stop Sign 
Green Light  Give Way Sign 
Red Light 



Injuries

Has the driver or any passengers been injured? Yes No

Witness's

Name: Phone:

Address:

Police Report

Did Police attend Yes No Report/Event Number:

Was matter reported to Police Yes No Date Incident Reported:

Officers Name: Station:

Authorisation

1. I authorise Claims Connect to act on my behalf as an agent.
2. I authorise Claims Connect to send and receive documents such as invoices, quotes and reports in relation to this claim.
3. I authorise Claims Connect to arrange an assessor to substantiate my losses.
4. I authorise Claims Connect to retain a solicitor to act on my behalf if deemed necessary.
5. I acknowledge Claims Connect's fees and authorise the deduction and payment of these fees once any losses are recovered.
6. I acknowledge that if I withdraw my claim without consent from Claims Connect, I will be responsible for all fees and disbursements.
7. I hereby irrevocably appoint Claims Connect as my agent for the purpose of conducting my claim, including but not limited to settling my claim without reference to me.

Signature: Witness: Date:



MELBOURNE | SYDNEY | BRISBANE

P: 1800 965 111

info@claimsconnect.com.au

www.claimsconnect.com.au