

Suite 17/2-14, Station Place, Werribee, VIC 3030, Australia

E: nurul@srlawyer.com.au | rumana@srlawyer.com.au

P: 03 8396 2484 | M: 0415 628 435

MOTOR VEHICLE ACCIDENT INSTRUCTION FORM

OWNER'S PARTICULARS

Surname Mr/Mrs/Miss _____ Other Names _____

Address _____

Home Phone No. _____ Business Phone No. _____

Occupation or Business _____ Date of Birth _____

DRIVER'S PARTICULARS

Surname Mr/Mrs/Miss _____ Other Names _____

Address _____

Home Phone No. _____ Business Phone No. _____

Occupation or Business _____ Date of Birth _____

YOUR VEHICLE

Make	Registration No.	Insurance Company - Comp or T.P.P.O

REPAIRER &/OR CURRENT LOCATION

Name _____ Phone No. _____

ACCIDENT PARTICULARS

Date _____ Time _____ a.m/pTime.m. _____

Weather(a Dry/Wet).mp.m. _____

Suburb _____

DETAILS OF OTHER DRIVERS AND VEHICLES INVOLVED

Name : _____

Address: _____

Phone : _____ Approx Age : _____

Vehicle Make : _____ Reg : _____

Name of Insurer : _____

PARTICULARS OF ALL PASSENGERS IN YOUR VEHICLE

Name	Address	Phone Number

PARTICULARS OF INDEPENDENT WITNESSES

Name	Address	Phone Number

PLAN (PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & GIVE WAY SIGNS)

INDICATE AS FOLLOWS

Street / Intersection



Curved Street
Your Vehicle



Other Vehicles
Direction of travel shown
by arrow



Indicate Traffic Control
Signs etc STOP (SIGN)



DESCRIPTION OF ACCIDENT

Describe accident in detail _____

State conversation with other drivers, witnesses or others _____

POLICE REPORT

Did Police attend the scene of accident? _____ If NO, was accident reported to Police? _____ Date reported / /

Police Officer's Name _____ Station _____

HIRE CAR

Do you use your motor vehicle for business purposes? Yes/No

Do you require a substitute motor vehicle? Yes/No

Can you provide evidence in support of the need for a substitute motor vehicle? (eg. Tax Records, letter from employer or Accountant) Yes/No

INJURIES

Were you or any person in your vehicle injured Yes/No

If so, can we assist you with a compensation claim? Yes/No

AUTHORITY TO REPAIR A MOTOR VEHICLE

_____ of _____ hereby authorise _____ of _____ to repair my vehicle registration number _____ being a _____ and acknowledge that the repairer shall be entitled to be paid the fair and reasonable cost carried out as per quotation number _____ and I irrevocably authorise and direct payment to be made directly to my repairer.

DATED this _____ day of _____ 20 _____ Signed : _____

AUTHORITY TO SOLICITOR TO ACT

I authorise Rumana Pty. Ltd. Trading as SR Lawyer to send a letter of demand to the responsible party and if payment is not made by that party or that party's insurer I authorise Rumana Pty. Ltd. to issue legal proceedings provided no legal costs are incurred without my additional authority. I understand that by signing this authorisation I am instructing Rumana Pty. Ltd. to act on my behalf.

DATED this _____ day of _____ 20 _____ Signed: _____