

Accident Claim Form

Please give us all details about your accident.

Date :

Time :

Member's Details

Full Name :

Address :

State :

Post Code :

Company Name :

Contact No :

Email :

Member's Vehicle Details

Make :

Model :

Year :

Rego No :

Engine No :

OFFICE USE ONLY

Claim Number :

Date Claim Lodged :

Claim Form Received By :

Claim Validate By :

Note :

Driver's Details

Full Name :

Date Of Birth :

Driver's Address :

State :

Post Code:

Driver's Contact No :

Driving Licence No :

No. Of Years Held

Rideshare Authority Licence No :

Have you had any traffic charges or motor offence in last 5 years ? YES: NO:

If YES please give details :

Other Driver/Vehicale/Property Details

OTHER PARTY'S NAME :

Date Of Birth :

Address :

State :

Post Code:

Contact No :

Driver's Licence No :

OTHER PARTY'S VEHICLE DETAILS :

Rego No :

Vehicle Make :

Model :

Colour :

OTHER PART'S INSURANCE DETAILS:

Insurance Name :

Policy No:

Claim No :

Witness Details

Full Name :

Address :

State :








Post Code:

Contact No :

Email :

Accident Details

Sketch diagram of accident. Show position of your vehicle/other vehicle/mark road name/lights/intersection/signs/crossing/person/property/building etc.

-  Your car
-  Other car
-  Parked Car
-  Person
-  Traffic Lights
-  Sign
-  Road

Please indicate more in sketch to get clear idea of accident.

Date : Time : a.m./p.m

Street/Road Names :

Driver's Statement / How Accident Occurred ?

Vehicle/Road & Weather Conditions (Please Tick)

Traffic Controls: Traffic Lights- ☐ Give Way- ☐ Stop Sign- ☐ Police Controls- ☐ Rail Crossing- ☐ Other Crossing- ☐
 Road Condition: Dry Surface- ☐ Wet Surface- ☐ Oily Surface- ☐ Loose Surface- ☐
 Weather Conditions: Clear- ☐ Raining- ☐ Snowing- ☐ Fog- ☐ Cloudy- ☐ Other- ☐
 Driver Vehicle speed approximate:
 Other Vehicle speed approximate:
 Was the accident caused by vehicle failure or breakdown?

Your opinion & responsible.

Is anyone or anything responsible?

Did anyone admit responsibility for this accident, verbally or otherwise ? Yes / No

Police Details

Is a police officer make record of this accident? YES ☐ NO ☐

Name of Officer :

Name of Police Station :

Police Report Number :

Vehicle Damage

Is the vehicle drivable ? YES ☐ NO ☐

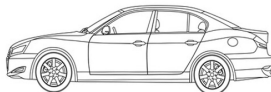
Was the vehicle towed ? YES ☐ NO ☐ Name Of Towing Company :

Name of Repairer: BANDESHA AUTOS

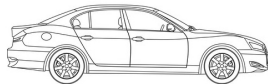
Please Note: No repairing should be made until authorised by company.

Highlight damage side & parts.

Damage Description



Passanger Side

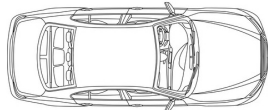


Driver Side

Front Side



Back Side



Top Side

Driver's Declaration

Iof.....

- 1) Do solemnly and sincerely declare that the details and answerd queries above are true and correct and promise RT Cover in every way in dealing with the claim.
- 2) I/We declare that no information has been withheld which may affect the claim.
- 3) I/We confirm that RT Cover may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or processing as RT Cover may consider desirable in our common interest or in RT Cover's own interest.
- 4) I/We hereby claim indemnity under my/our policy in respect to this accident or loss and authorise the repairer approved by RT Cover to carry out repairs & to accept the appointment of any assessor instructed by RT Cover.

Date:

Driver's Signature: