



**3. DETAILS OF OTHER PERSONS**

<p align="center"><b>Passengers in your vehicle</b></p> Name ..... Address ..... Telephone ..... Name ..... Address ..... Telephone .....	<p align="center"><b>Independent Witnesses</b></p> Name ..... Address ..... Telephone ..... Name ..... Address ..... Telephone .....
<p align="center"><b>Driver/Owner of other vehicle or property</b></p> Name ..... Address ..... Telephone ..... Insurance Coy ..... Details of vehicle/property ..... Registration Number .....	<p align="center"><b>Driver/Owner of other vehicle or property</b></p> Name ..... Address ..... Telephone ..... Insurance Coy ..... Details of vehicle/property ..... Registration Number .....

**4. DETAILS OF LOSS OR ACCIDENT (Please continue on a separate sheet, if necessary)**

Date ..... Time ..... Am / pm (delete one)  
Location (e.g. street) ..... Suburb/Town .....

Weather :       Rain               Overcast               Fog               Bright Sun               Clear Night

Road               Sealed               Metal               Wet               Dry

What speed was in force?    50 km/hour       100 km/hour       Other

What was your speed – prior to breaking ..... / at impact ..... Please state reason for journey .....

Describe in detail how the accident occurred: .....

.....

.....

What in your opinion, caused the accident:.....

**5. DAMAGE TO INSURED VEHICLE (NB Do not proceed with repairs without the Company's authority)**

Describe damage.....  
Repairer ..... Telephone ..... Estimate \$.....  
If not at above, date of repair ..... OR where can vehicle be inspected .....

**6. SKETCH PLAN OF ACCIDENT (Please continue on a separate sheet if necessary)**

Indicate street names; direction of vehicles. Your vehicle \_\_\_\_\_ Other vehicle \_\_\_\_\_

**DECLARATION**

Note : Failure to provide full and truthful information could result in the Claim being declined.

We authorise the disclosure of my/our personal information held by other parties which relate to this claim.

We agree to The Company disclosing my/our personal information regarding this claim to:

- a) Other members of the Insurance Industry; and
- b) Parties who have a financial interest in the subject matter of the claim.

All the information and answers given on this claim are correct. We authorise The Company to act on my/our behalf.

**Policyholder's signature** ..... Date .....

(if a company, state capacity)

**Drivers signature** ..... Date .....