

## Accident Claim Form

1. Make sure that you give us ALL the details about your accident.
2. Send us all quotations which you have received for repairs.
3. Be ready to give any information and documents that we may ask for.

### NOTES

1. Page 1 to be completed by the Member..
2. Pages 2, 3 & 4 by the Driver of the vehicle.
3. Declaration on Page 4 to be signed by the Member *and* the Driver.
4. IF INSUFFICIENT SPACE please add additional sheets

*The issue of this Form on Receipt of Notice of an Accident is no admission of liability and it is issued without prejudice.*

### MEMBER'S DETAILS

Full Name			
Address		State	
		Post Code	
Company Name			
Contact No			
Email			

### MEMBER'S VEHICLE (RIDESHARE)

Year		Make		Model		Rego No	
Engine No							

### OFFICE USE

Claim Number:	
Date Claim Lodged:	
Claim Form Received By:	
Claim Validated By:	



## DETAILS OF DRIVER OR PERSON IN CHARGE OF RIDESHARE

Driver's Name		Date of Birth	
Driver's Address		State	
		Post code	
Driver's Contact No			
Email			
Current Licence No		No. of Years Held	
Current Rideshare Authority Licence No		No. of Years Held	

Have you had any traffic charges or convictions of a motor offence in the past 5 years?

Yes

No

- if Yes, give details including approximate dates

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## OTHER PARTY'S DETAILS

If another vehicle/property was involved in the accident, give details. If more than one, attach separate sheet.

Driver's Name		Phone No	
Address		Post code	
Date of Birth		Driver's Licence No	
Make of vehicle		Year of Manufacture	
		Colour	
		Rego No	
Name of Registered Owner		Phone No	
Address		Post code	
Other Party's Insurance		Policy No:	
Company Details:		Claim No:	
Email			

## WITNESS DETAILS

If there were any witnesses complete this section:

Name of Witness		
Address		
Phone No		
Email		

If more than one witness, please use additional paper

## POLICE DETAILS

If the accident was attended by/reported to the police complete this section:

Did a police officer make record of the facts?  Yes  No

Name of Officer	
Name of Station	
Phone No	
Police Report Number	

Was the driver of the members vehicle required to undergo a breath test or analysis  Yes  No

## YOUR VEHICLE (RIDESHARE)

At which repairer can the vehicle be inspected during office hours?

Is the vehicle drivable?  Yes  No

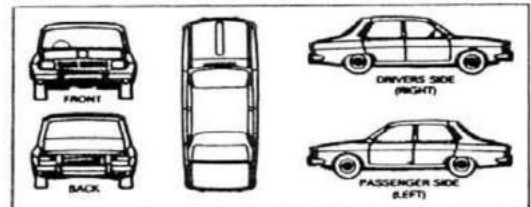
Was the vehicle towed?  Yes  No

Name of towing company

Have you obtained quotes for repairs?  Yes  No

Amount: \$

Shade in damage to your vehicle



IMPORTANT PLEASE NOTE: NO REPAIRS TO DAMAGED VEHICLE ARE TO BE MADE UNTIL AUTHORIZED BY THE COMPANY

## DECLARATION

### To be completed by driver

I  of

Do solemnly and sincerely declare that the details and answered queries above are true and correct and promise to assist MRC in every way in dealing with the claim.

I / We declare that no information has been withheld which may affect the claim.

I / We confirm that MRC may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as MRC may consider desirable in our common interest or in MRC's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorise the repairer approved by MRC to carry out repairs and to accept the appointment of any assessor instructed by MRC.

Date:  Driver's Signature (If not the owner)

### To be completed by the Owner

I / We  of

Do solemnly and sincerely declare that

1. The particulars contained in the foregoing claim form relating to the driver are true and correct to the best of my knowledge and belief and promise to assist MRC in every way in dealing with this claim.

2. I / We declare that no information has been withheld which may affect the claim.

I / We confirm that MRC may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as MRC may consider desirable in our common interest or in MRC's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorise the repairer approved by MRC to carry out repairs and to accept the appointment of any assessor instructed by MRC.

Date:  Owner's Signature: