

# ACCIDENT REPORT FORM



**NOTE: THIS IS NOT A CLAIM FORM BUT AN ACCIDENT REPORT ONLY**

If you wish to take the matter further please lodge a claim.

**Note: You are responsible to ensure that your drivers have obtained all relevant parties details as below**

***HANDY TIP..... ALWAYS TAKE PHOTOS!!!***

**Note: Keep a copy of this form In your vehicle to complete if required in the event of an accident.**

**DATE OF REPORT:** \_\_\_\_\_

**DETAILS OF INSURED**

Rideshare Rego No: \_\_\_\_\_ Members Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of Accident: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**DETAILS OF THIRD PARTY**

Driver's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email: \_\_\_\_\_

Registration: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

**WITNESS DETAILS**

Witness Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**DETAILS OF ACCIDENT:** Please provide brief description of accident.

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