



ROBERT ST
AUTOMOTIVE

**MOTOR VEHICLE ACCIDENT
REPORT FORM**

 **02 9810 2232**



Owner's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Full Name / Company

Occupation or Business

Address

P/Code

Ph. Home

Work

Mobile

Fax

Email

ABN/ACN

Driver's Particulars (PLEASE COMPLETE IN BLOCK LETTERS) If same write in 'AS ABOVE'

Mr / Mrs / Ms Surname

Other Names

Address

P/Code

Ph. Home

Ph. Work

Mobile

D.O.B / /

Occupation

Year Licenced

Licence No.

Expiry Date

State of Issue

Licence Type

Relationship to Owner

Was Vehicle Used with Owners Consent? Y ☐ N ☐

Your Vehicle

Year of Manufacture

Make

Model

Body Type

Colour

Registration No.

Manual/Automatic

Your Insurance Details

Name of Your Insurance Company

Policy No.

Policy Type (✓) Comprehensive ☐ 3rd Party ☐

Is this Vehicle Financed? Y ☐ N ☐ If Yes, Contract No.

Name of Finance Company

Agreement Type

Accident Details

Date	/	/	Time	Location
Weather Conditions (✓) Wet <input type="checkbox"/> Dry <input type="checkbox"/> Foggy <input type="checkbox"/> Sunny <input type="checkbox"/> Overcast <input type="checkbox"/> Other				
Speed Allowed	Km/ph	Speed of Your Vehicle?	Km/ph	Speed of Other Vehicle?
What Warning Was Given by You (Horn or Other)				
Road Conditions (Sealed, Gravel, Dirt or Other)				
Who do You Consider is at Fault?				
Give Reason				
Did anyone Admit Fault? If Yes, Who?				

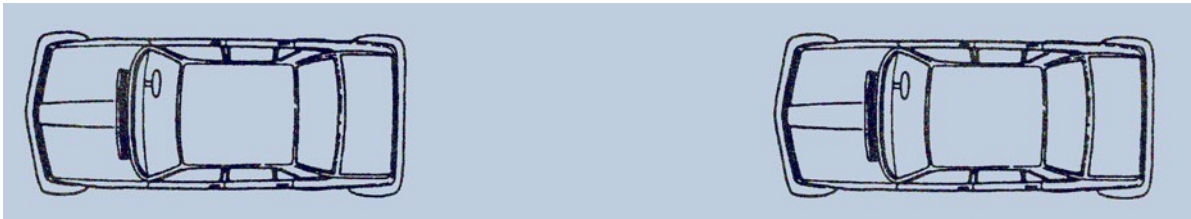
Accident Description (PLEASE COMPLETE IN BLOCK LETTERS) To be Completed by Driver

[illegible]

Vehicle Damage (Mark All Damaged Areas With X)

Your Vehicle

Other Vehicle



Plan (PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & GIVEWAY SIGNS)

Indicate as Follows

Street/ Intersection



Curved Street



Pedestrian



Your Vehicle



Other Vehicle



(Direction of Traffic Shown by Arrow)

Indicate Traffic Control
Signs e.g. STOP (Sign)



Indicate direction
of North by Arrow

Particulars of all Passengers in Your Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name	Age	Sex	M / F	Ph
Address				P/Code
Name	Age	Sex	M / F	Ph
Address				P/Code
Name	Age	Sex	M / F	Ph
Address				P/Code
Name	Age	Sex	M / F	Ph
Address				P/Code

Police

Did the Police Attend? Y ☐ N ☐ If No, Was The Accident Reported to The Police? Y ☐ N ☐

If Yes, which Police Station? Date Reported / /

Name Of Attending Police Officer Police No.

Did Police Charge Anyone? If Yes, Who?

Nature of Charge

Did you consume any Alcohol or take any Drugs 12 hours prior to the Accident? Y ☐ N ☐

Did you undergo a Breath or Blood Test Analysis? Y ☐ N ☐ If Yes, What was the Result?

Replacement Vehicle

Do you use Your Motor Vehicle for Business Purposes? Y ☐ N ☐

Do You Require a Hire Car? Y ☐ N ☐

Can You Provide Evidence in Support of the Need for a Substitute Motor Vehicle?

(e.g. Tax records, letters from Employer or Accountant) Y ☐ N ☐

Driver of Other Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 1

Name D.O.B. / /

Phone No. Mobile

Address

P/Code

Licence No.

Name of Registered Owner

Address P/Code

Phone No. Registration No.

Make of Vehicle Model

Name of Insurance Company

Policy No. Claim No.

Details of Other Drivers and Vehicles Involved (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 2 - If applicable

Name	Registration No.
Phone No.	Mobile
Address	
P/Code	

Vehicle 3 - If applicable

Name	Registration No.
Phone No.	Mobile
Address	
P/Code	

Particulars of Independent Witness (PLEASE COMPLETE IN BLOCK LETTERS)

Witness 1 - If applicable

Name	Phone No.
Viewed Accident From	
Address	
P/Code	

Witness 2 - If applicable

Name	Phone No.
Viewed Accident From	
Address	
P/Code	

Declaration

I declare the aforementioned to be true and correct.

Signature of Driver	Signature of Owner
Date / /	Date / /



Robert St Automotive

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