



**SUTHERLAND**  
AUTOMOTIVE

**MOTOR VEHICLE ACCIDENT  
REPORT FORM**

 **02 9545 3051**



## 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

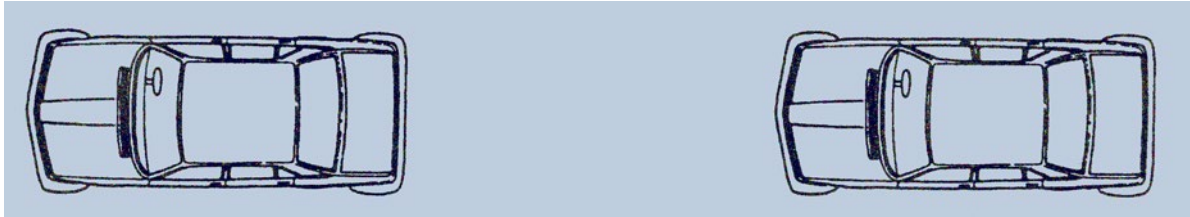
Agreement Type



## 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. \_\_\_\_\_





## **Sutherland Automotive**

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