## 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 N If Yes, Contract No. |   |
| Name of Finance Company                              | Agreement Type                            |

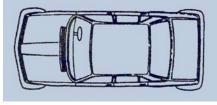
## **Accident Details**

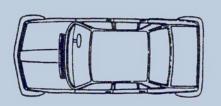
| Date    | /       | /       | Tim             | e                     | Location    |          |                           |             |
|---------|---------|---------|-----------------|-----------------------|-------------|----------|---------------------------|-------------|
| Weathe  | er Conc | litions | (✔) Wet         | Dry E Foggy           | Sunny       | Overcast | Other                     |             |
| Speed / | Allowe  | d       | Km/ph           | Speed of Your Vel     | nicle?      | Km/ph    | Speed of Other Vehicle?   | Km/ph       |
| What W  | /arning | Was (   | Given by You    | (Horn or Other)       |             |          |                           |             |
| Road C  | onditic | ons (Se | aled, Gravel,   | Dirt or Other)        |             |          |                           |             |
| Who do  | You C   | Conside | er is at Fault? |                       |             |          |                           |             |
| Give Re | eason   |         |                 |                       |             |          |                           |             |
| Did any | one Ac  | dmit Fa | ault? If Yes, W | /ho?                  |             |          |                           |             |
| Accie   | lont    | Προ     | cription (      |                       |             |          | To be Completed by Driver |             |
| AUUR    |         | Dest    |                 |                       |             | LETTENS  | to be completed by briver |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          | add another page          | if required |
| State C | onvers  | ation V | Vith Other Dr   | ivers Witnesses or Ot | thers       |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
|         |         |         |                 |                       |             |          |                           |             |
| Was Yo  | our Veh | icle Dr | iveable? Y      | N If No, Name         | of Towing C | ompany   |                           |             |
| Locatio | n of Ve | hicle   |                 |                       |             |          |                           |             |

### Vehicle Damage (Mark All Damaged Areas With X)

#### **Your Vehicle**

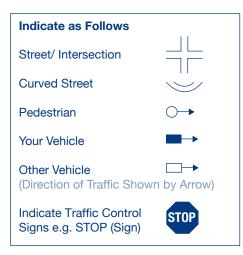
#### **Other Vehicle**





Indicate direction of North by Arrow

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



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

| Age | Sex M/F    | Ph                             |
|-----|------------|--------------------------------|
|     |            | P/Code                         |
| Age | Sex M/F    | Ph                             |
|     |            | P/Code                         |
| Age | Sex M/F    | Ph                             |
|     |            | P/Code                         |
| Age | Sex M/F    | Ph                             |
|     |            | P/Code                         |
|     | Age<br>Age | Age Sex M / F<br>Age Sex M / F |

## Police

| Did the Police Attend? Y N N If No, Was The Accident Repor                   | ted 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          | e Accident? Y N N            |
| Did you undergo a Breath or Blood Test Analysis? Y                           | If Yes, What was the Result? |
| Replacement Vehicle  |                              |
| Do you use Your Motor Vehicle for Business Purposes? Y $\square$ N $\square$ |                              |
| Do You Require a Hire Car? Y N   |                              |
| Can You Provide Evidence in Support of the Need for a Substitute M           | lotor Vehicle?               |
| (e.g. Tax records, letters from Employer or Accountant) Y                    |                              |

## 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                   |           |

Witness 2 - If applicable

| Name                 | Phone No. |
|----------------------|-----------|
| Viewed Accident From |           |
| Address              |           |
|                      | P/Code    |
| Declaration          |           |

P/Code

| I declare t         | declare the aforementioned to be true and correct. |   |  |  |                    |   |   |  |  |  |
|---------------------|--|---|--|--|--------------------|---|---|--|--|--|
| Signature of Driver |  |   |  |  | Signature of Owner |   |   |  |  |  |
| Date                | /  | / |  |  | Date               | / | / |  |  |  |

## **Sutherland Automotive**

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