

MOTOR VEHICLE DRIVER GLOVEBOX REPORT FORM



YOUR OWNER

| | | | |
|------|--|---------|--|
| Name | | Address | |
|------|--|---------|--|

YOUR VEHICLE

| | | | |
|------------------|--------------------------|---------|--|
| Year Make Model | | | |
| Registration No. | | Colour | |
| Prior damage? | Yes / No If Yes, details | | |
| Vehicle towed? | Yes / No | Company | |

YOUR DRIVER

| | | | |
|-----------------------------------|------------------------------------|---------------|---------------|
| Name | | Address | |
| Phone No. | | Date of Birth | |
| Rel. to Owner | | | |
| Licence No. Please attach copy | | Expiry | Years Driving |
| Vehicle use | Private / Business | | |
| Bus. Name, ABN | | | |
| Alcohol or drugs? | Yes / No If yes, how much and when | | |

OTHER VEHICLE

| | | | |
|------------------|--------------------------|------------|--|
| Year Make Model | | | |
| Registration No. | | Colour | |
| Modifications | | | |
| Prior damage? | Yes / No If Yes, details | | |
| Vehicle towed? | Yes / No | Company | |
| Insurer | | Policy No. | |

OTHER DRIVER & OWNER

| | | | |
|-------------------|------------------------------------|---------------|----------|
| Driver's Name | | | |
| Driver Address | | | Postcode |
| Phone No. | | Date of Birth | |
| Licence No. | | Expiry Date | |
| Alcohol or drugs? | Yes / No If yes, how much and when | | |
| Owner | | Phone No. | |
| Owner Address | | | Postcode |
| Owner Phone No. | | Date of Birth | |

WITNESS #1

| | | | | | |
|---------|--|-----------|--|-----|----------|
| Name | | Phone No. | | Age | |
| Address | | | | | Postcode |

WITNESS #2

| | | | | | |
|---------|--|-----------|--|-----|----------|
| Name | | Phone No. | | Age | |
| Address | | | | | Postcode |

DAMAGE TO YOUR VEHICLE

| | | | |
|----------------|--|------|--|
| Area of damage | | Cost | |
|----------------|--|------|--|

DAMAGE TO OTHER VEHICLE

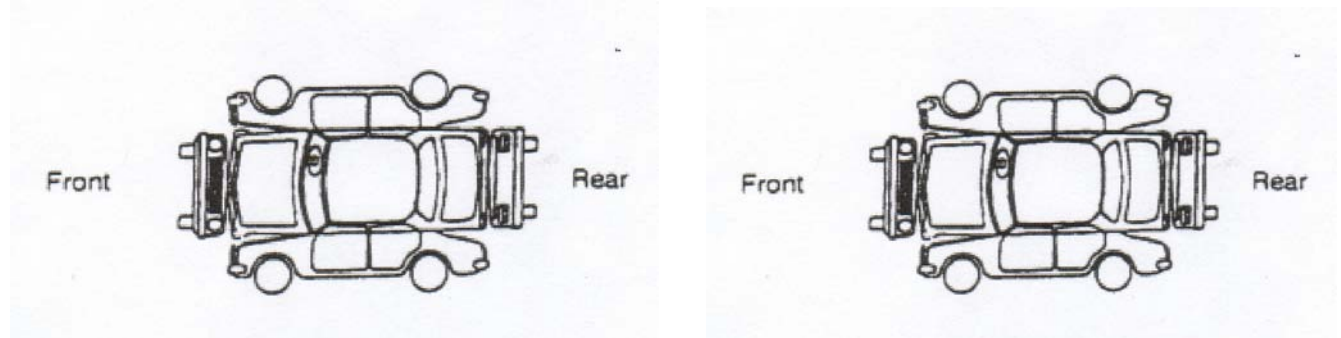
| | | | |
|----------------|--|------|--|
| Area of damage | | Cost | |
|----------------|--|------|--|

ACCIDENT DETAILS

| | | | |
|----------------------------------|--|-----------------------|--|
| Date | | Time | |
| Location (street/suburb) | | | |
| Road surface | | Weather | |
| Traffic controls (signs, lights) | | | |
| Your speed prior | | Your speed at impact | |
| Their speed prior | | Their speed at impact | |
| Who was at fault and why? | | | |

YOUR DAMAGE

THEIR DAMAGE



DESCRIPTION OF ACCIDENT (explain what happened and show details of damage on diagram)

.....

Diagram of Accident
 Show North, street names, signs, traffic lights, street lamps, hills, dips, obstructions

POLICE

| | |
|---|------------------|
| Did the Police attend the accident? If No, was accident reported to the Police? If Yes, which Police Station? | Yes / No Officer |
| Did the Police test for drink driving? | Yes / No Result |
| Police Traffic Incident report Number | |
| Did the Accident Investigation Squad attend? | Yes / No Officer |
| Who do the Police consider was at fault? | |

I declare this information is true.

Signed (Driver) Date