PARTY NOT AT FAULT

DRIVER Name Suburb State ______ Postcode _____ Mobile Phone Work Phone Fax Number Email Address OWNER OF VEHICLE ☐ Tick here if same as driver (or complete details below) Name _____ Suburb _____ State ______ Postcode _____ Contact Phone Number _____ **VEHICLE DETAILS** Vehicle Rego **INSURANCE DETAILS** Type of cover: Comprehensive / Third party only / None

Insurance Company _____

Are you claiming under your policy? Yes / No / Don't know
If Yes, Claim Number

PARTY AT FAULT

DRIVER Name Suburb State _____Postcode ____ Mobile Phone Work Phone Home Phone _____ Fax Number OWNER OF VEHICLE ☐ Tick here if same as driver (or complete details below) Address Suburb _____ State _____ Postcode _____ Contact Phone Number _____ **VEHICLE DETAILS** Vehicle Rego _____ **INSURANCE DETAILS** Insurance Company _____ Claim Number

ACCIDENT DETAILS

am / nm

Time

Date

| Street | · |
|--------------------------|--|
| Suburb | |
| How many cars were | involved |
| Details of any other d | rivers involved |
| Name | Ph |
| Name | Ph |
| DESCRIBE THE ACC | CIDENT IN DETAIL |
| | |
| | |
| | |
| • | ? Party at fault / Nobody |
| Admitted liability: Verb | |
| . , . | uting liability? Yes / No / Don't know |
| Is your vehicle legal to | o drive? Yes / No / Don't know |
| SMASH REPAIR DE | TAILS |
| Smash Repair Shop N | Name |
| Date your vehicle was | s delivered to Smash Repairer |
| | |
| How did you hear abo | out us? |



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