Motor Vehicle Accident Report form

THAR MOTORS
CAR SALES • CAR RENTALS • FINANCE

Thars Motors claims:
Email: contact@tharmotors.com.au
Phone: 0469 303 084

1 – Company name

Profit Centre/Division

2 – Driver details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Given name(s)

Occupation

Telephone No. (work)

Licence No. (attach copy)

Expiry date / /

Date of birth / /

Age

Have you ever been convicted of any traffic offence or had your licence suspended?

No ☐ Yes ☐ If Yes, please give details

Had you consumed any intoxicating liquor or taken any drugs during the eight hours prior to the Accident?

No ☐ Yes ☐ If Yes, please give details

Were you required to undergo a breath test analysis?

No ☐ Yes ☐ If Yes, what was the result?

Was he/she driving with your consent? No ☐ Yes ☐

Use of vehicle at the time of accident/loss: Business ☐ Private ☐

Preferred contact for the claim As above ☐

Name

Email

Phone

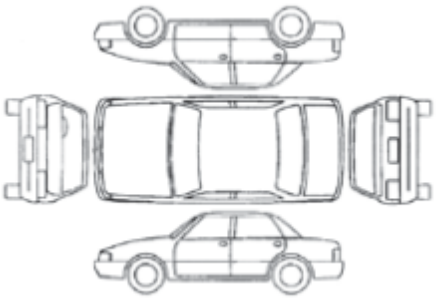
Signature of Renter	1. X	Date	/ /

3 – Our Vehicle details

Registration No.

Vehicle type

Vehicle make



(Indicate areas damaged)

4 – Third party details

Drivers name

Telephone No.

Address

State Postcode

Owners name

Telephone No.

Address

State Postcode

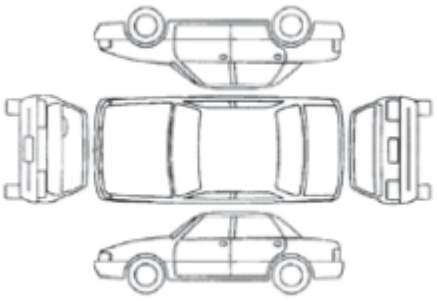
Name of insurance company

Claim No.

Licence No.

Date of birth / /

Registration No.



(Indicate areas damaged)

Vehicle type

Vehicle Type

Vehicle make

Vehicle Make

Description of damage to vehicle (*if more than one vehicle involved attach details)

Signature of Renter 1.	X	Date	/ /

5 – Accident details

Date of accident

/ /

Time of accident

am / pm

Place of accident

Town/Suburb

Speed at time of accident

Your Vehicle K/mh

Other Vehicle K/mh

Traffic Signal Given? Your Vehicle No ☐ Yes ☐

Traffic Signal Given? Other Vehicle No ☐ Yes ☐

Weather conditions Sunny ☐ Overcast ☐ Raining ☐

Other wise

Conditions of road Wet ☐ Dry ☐ Rough ☐

Other wise

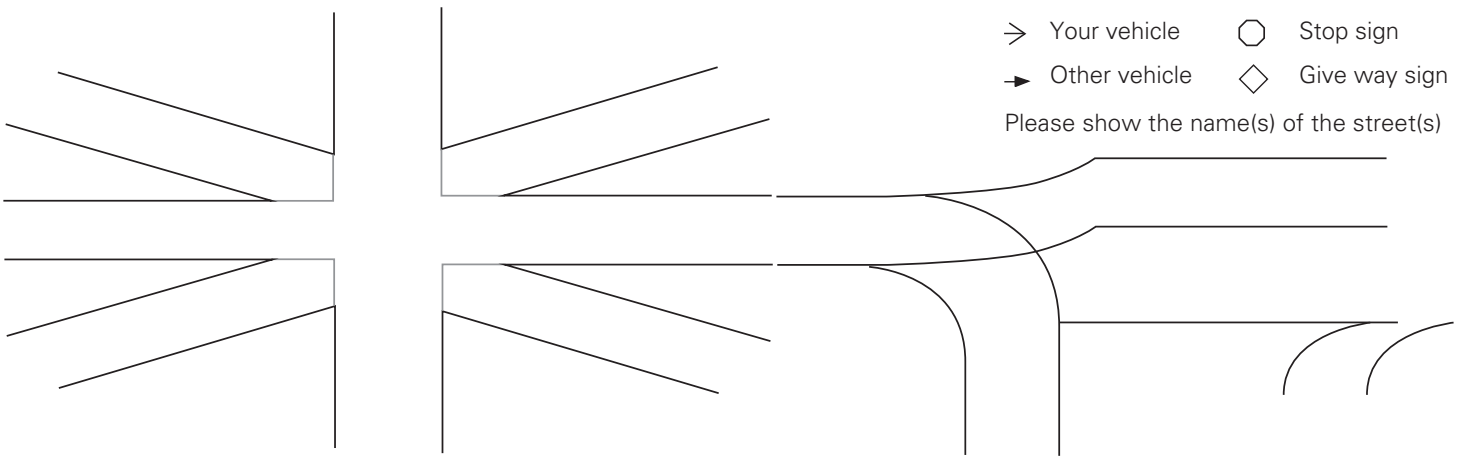
Describe accident circumstances

Sketch plan of accident in this space

Symbol for plan

- ○ Person(s)
- → Your vehicle
- → Other vehicle
- ✣ Traffic lights
- ⯃ Stop sign
- ◇ Give way sign

Please show the name(s) of the street(s)



Signature of Renter 1.	X	Date	/ /

6 – Witness

Were there any witnesses to the accident? No ☐ Yes ☐

Witness 1 name

Witness 1 address

State Postcode

☐ Independent ☐ Your vehicle ☐ Third party vehicle

Witness 2 name

Witness 2 address

State Postcode

☐ Independent ☐ Your vehicle ☐ Third party vehicle

Note: Passengers in your Vehicle

Phone contact

(Other witnesses please attach details)

7 – Police

Were Police advised of the accident? No ☐ Yes ☐

Did Police attend the accident? No ☐ Yes ☐

Police station

If Yes, Police report #

Signature of Renter 1.	X	Date	/ /
Signature of Insured 2.	X	Date	/ /
PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.			