

Accident Claim Form

1. Make sure that you give us ALL the details about your accident.
2. Send us all quotations which you have received for repairs. Please pin them to page 3.
3. Be ready to give any information and documents that we may ask for.

NOTES

- Page 1 to be completed by the Insured.
- Pages 2, 3 & 4 by the Driver of the vehicle.
- Declaration on Page 4 to be signed by the Insured and the Driver.
- IF INSUFFICIENT SPACE please list on an attachment with words "SEE ATTACHED" in the space provided on the form.

The issue of this Form on Receipt of Notice of an Accident is no admission of liability and it is issued without prejudice.

Claim No	
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MEMBER'S DETAILS

Full Name:		Telephone Numbers	Private:	
Address:			Mobile:	
Company Name:				
Policy No:		Period of Membership:	From:	To:

MEMBER'S VEHICLE (TAXI)

Year		Make		Model		Rego No	
Engine No							
Who is the Registered Owner?							
For what purpose is the vehicle used?	<i>TAXI</i>						
For what purpose was the vehicle being used at the time of accident?	<i>TAXI</i>						
Is the vehicle under Hire Purchase, Lease or Mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please give:				
Name of Company:		Contact No:		Branch:			
Has the vehicle in anyway been modified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If Yes, give full details							

OFFICE USE

Date Claim Lodged:	
Claim Form Received and Checked By:	
Claim Validated By:	

Taxi Care Club Limited t/as Taxicare Australia

Melbourne: 29 Dawson Street, Coburg North, Victoria 3058, Telephone (03) 9350 7099, Facsimile (03) 9350 7100

Sydney: 698-700 Botany Road, Mascot, NSW 2020, Telephone (02) 9313 4433, Facsimile (02) 9313 4833

EMAIL: admin@taxicare.com.au WEBSITE: www.taxicare.com.au

DETAILS OF DRIVER OR PERSON IN CHARGE OF TAXI

Driver's Name		Date of Birth	
Driver's Postal Address		Post code	
Driver's Residential Address		Post code	
Driver's Telephone No	Business	Private	
Current Licence No		No of Years Held	
Current Taxi Authority Licence No		No of Years Held	

Was the driver driving with the full consent of the Insured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any physical defect or infirmity in limbs, eyesight or hearing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- If Yes, give particulars?

Had you partaken of any intoxicating liquor or drugs during 12 hours prior to the accident?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- if Yes, give full details of quantity and type

Have you had any traffic charges or convictions of a motor offence in the past 5 years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- if Yes, give details including approximate dates

OTHER PARTY DETAILS

If another vehicle/property was involved in the accident, give details. If more than one, attach separate sheet.

Driver's Name		Phone No	
Address		Post code	
D.O.B		Driver's Licence No	
Make of vehicle	Year of Manufacture	Colour	Rego No
Name of Registered Owner		Phone No	
Address		Post code	
Other Party's Insurance Company Details:	Policy No:		
	Claim No:		
Particulars of damage to vehicle or other property			Estimate Cost
			\$

WITNESS DETAILS

If there were any witnesses complete this section:

Names of Witnesses:

Addresses:

Telephone No:

INJURIES DETAILS

If anyone was injured in the accident complete this section:

Names of injured persons	In the insured's car		Driver		A pedestrian		Nature of injuries	Taken to hospital	
	Yes	No	Yes	No	Yes	No		Yes	No

POLICE DETAILS

If the accident was attended by/reported to the police complete this section

Did a police officer make record of the facts? Yes No Police Report Number

Name of Officer Name of Station Phone No

Was the driver of the insured vehicle required to undergo a breath test or analysis Yes No

What was the reading?

A copy of the certificate of the results must be forwarded (where applicable)

Was it alleged that either driver was under the influence of intoxicating liquor or drugs? Yes No

Did the driver of the insured vehicle refuse to undergo a breath test or analysis? Yes No

Was either driver charged, cautioned or is there any police action pending? Yes No

- if Yes, give details:

YOUR VEHICLE/TAXI

At which repairer can the vehicle be inspected during office hours?

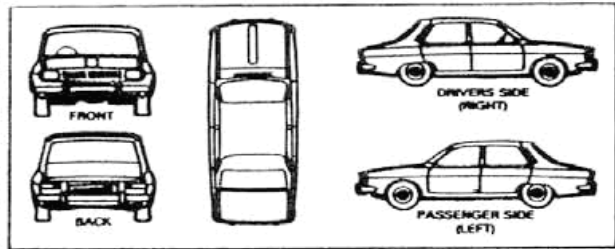
Is the vehicle drivable? Yes No

Was the vehicle towed? Yes No Name of towing company

Have you obtained quotes for repairs? Yes No

Amount: \$

Shade in damage to your vehicle



IMPORTANT PLEASE NOTE: NO REPAIRS TO DAMAGED VEHICLE ARE TO BE MADE UNTIL
AUTHORISED BY THE COMPANY

BEFORE SIGNING THIS DOCUMENT, NOTE THE INSTRUCTION ON THE FRONT CAREFULLY AND ENSURE THEY ARE COMPLIED WITH.

DECLARATION (To be completed by driver)

I of

Do solemnly and sincerely declare that the details and answered queries above are true and correct and promise to assist the insurers in every way in dealing with the claim.

I / We declare that no information has been withheld which may affect the claim.

I / We confirm that the Insurers may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as the Insurers may consider desirable in our common interest or in the Insurer's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorize the repairer approved by the Insurers to carry out repairs and to accept the appointment of any assessor instructed by the Insurers

Date: Driver's Signature (If not the Insured)

DECLARATION (To be completed by Insured)

I of

Do solemnly and sincerely declare that

1. The particulars contained in the foregoing claim form relating to the driver are true and correct to the best of my knowledge and belief and promise to assist the Insurer's in every way in dealing with this claim.

2. I / We declare that no information has been withheld which may affect the claim.

I / We confirm that the Insurers may at their own discretion instruct any solicitor to act in our common interest in respect of any claim or proceedings as the Insurers may consider desirable in our common interest or in the Insurer's own interest.

I / We hereby claim indemnity under my / our policy in respect to this accident or loss and authorize the repairer approved by the Insurers to carry out repairs and to accept the appointment of any assessor instructed by the Insurers.

Date: Insured's Signature: