**Xpress Crash Claim**

***Motor Vehicle Accident Assistance***

***AUTHORITY TO ACT***

**Accident Details Form**

**Our Client’s Car**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Details | | | |
| Make |  | Model |  |
| Year |  | Rego# |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner Vehicle is Business Use private Use** | | | |
| Name |  | Contact  Number |  |
| Address  Street |  | | |
| Suburb |  | State |  |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver or Same as above** | | | |
| Name |  | Contact  Number |  |
| Address  Street |  | | |
| Suburb |  | State |  |
| Email |  | | |

Do you have insurance on your vehicle? Yes No

If yes, please fill in the following details:

Insurance Company: Claim No.:

Repairer

**Other Party’s Car**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicle Details** | | | |
| Make |  | Model |  |
| Year |  | Rego# |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner** | | | |
| Name |  | Contact  Number |  |
| Address  Street |  | | |
| Suburb |  | State |  |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Drive or Same as above** | | | |
| Name |  | Contact  Number |  |
| Address  Street |  | | |
| Suburb |  | State |  |
| Email |  | | |

Do you have insurance on your vehicle?  Yes  No

If yes, please fill in the following details:

Insurance Company: Claim No.:

|  |  |  |
| --- | --- | --- |
| **Please provide the following details of the accident** | | |
| Date/time |  | |
| Location |  | |
| Describe the accident | |  |
|  | | |

|  |
| --- |
| **Diagram of Accident** |
|  |

**YOUR VEHICLE**

**OTHER PARTY**

**VEHICLE**

**ANY SIGNIFICANT SIGNS**

**OTHER CARS**

**NOT INVOLVED**

Hire Car Required? Yes  No

Is your vehicle:  Drivable  Non-Drivable

|  |  |  |  |
| --- | --- | --- | --- |
| Date Car  Required |  | Assessment Date |  |

Were there any witnesses?  Yes  No

If yes, please provide any of their details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Contact Number |  |

Was anybody injured?  Yes  No

Was the accident reported to police?  Yes  No

If yes, please provide any of the following details.

|  |  |  |  |
| --- | --- | --- | --- |
| Report/Event |  | When was it reported? |  |
| Station |  | Officer’s Name |  |

|  |
| --- |
| **Authorisation** |
| I hereby declare that all the information provided is true and correct to the best of my acknowledgement. I accept all responsibility if the above information has been falsified or if relevant information has been withheld.  I give authority to Xpress Crash Claims to:   * Act on my behalf as an agent and represent myself. * Send and receive documents related to my claim. * Arrange a quote and assessments for my claim. * Receive and pay anybody owed money related to this claim.   **Name: Date:**  **Signature** |

**ANY FURTHER DETAILS YOU WISH TO PROVIDE:**

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|  |
| --- |
| **OFFICE USE ONLY:** |