

### YOUR VEHICLE DETAILS

Make  Model  Year

Rego  Insured: Yes  No

Company / Claim / Policy No.  Comprehensive  Third Party

Owner Name  
Mr/Mrs/Ms

Owner Address

Home Phone  Work Phone  Mobile

Email

D.O.B  License Expiry & Date

Gst: Yes  No  ABN

Driver Name  
Mr/Mrs/Ms

Driver Address

Home Phone  Work Phone  Mobile

Passenger Details

### THIRD VEHICLE OR WITNESS DETAILS Cont.

Owner Name  
Mr/Mrs/Ms

Owner Address

Home Phone  Work Phone  Mobile

### AFTER THE EVENT SERVICES REQUIRED

Hire Car: Yes  No

### ACCIDENT DETAILS


Date  Time  Place


Description


Was matter reported to police: Yes  No


Police Station  Name of Police Officer

### DIAGRAM OF ACCIDENT

 Your Vehicle

 Other Vehicle

 Stop Sign

 Give Way Sign

### OFFENDING VEHICLE DETAILS

Make  Model  Year

Rego  Insured: Yes  No

Company / Claim / Policy No.

Owner Name  
Mr/Mrs/Ms

Owner Address

Home Phone  Work Phone  Mobile

Email

D.O.B  License Expiry & Date

Driver Name  
Mr/Mrs/Ms

Driver Address

Home Phone  Work Phone  Mobile

Passenger Details

### AUTHORITY TO STORE, QUOTE & REPAIR VEHICLE

I, the Vehicle Owner shown above / Agent of the Vehicle Owner shown above, AUTHORISE

to store, quote, repair my vehicle back to pre-accident condition and arrange loan vehicle in the instance my vehicle is deemed un-roadworthy due to damages incurred as detailed on this form.

Date  Signature of Owner / Agent

### AUTHORITY TO ACT

- I/We authorise State Claims Pty Ltd and its recommended Legal Partners to act on my/our behalf to recover our losses;
  - I appoint State Claims Pty Ltd as my agent to act on my behalf in regards to my motor vehicle collision and to take any necessary action deemed by them as necessary for the conduct of the recovery action;
  - I further authorise State Claims Pty Ltd representatives to sign documents on my behalf including but not limited to Repair Authorities and Release Documents;
  - Instructing recommended Legal Partners to act, including the commencement of legal proceeding whenever deemed necessary;
  - Signing any documents on my behalf, including documents associated with settling the action;
  - I/we provided my irrevocable power of attorney to Sate Claims Pty Ltd to receive payments on my/our into the State Claims Pty Ltd recoveries account and to disperse expenses properly incurred.
- I/we understand there will be no cost to me unless the circumstances of the collision as described by me are found to be inaccurate in anyway;
- All parties acknowledge and agree that State Claims Pty Ltd provides the recovery services to you as an independent contractor. Nothing in this contract creates, employment, joint venture or partnership relationship between State Claims Pty Ltd and I/we;
  - State Claims Pty Ltd shall have no liability whatsoever to you in relation to the services, including loss of use, profit, revenue, business, reputation or for any delay and indirect loss or damage.

Date  Signature of Owner / Agent

### THIRD VEHICLE OR WITNESS DETAILS

Make  Model  Year

Rego  Insured: Yes  No

Company / Claim / Policy No.