**Note**: This information shall be used for any insurance claim/s

|  |
| --- |
| **General Details (affected worker to complete)** |
| Full Name: | Vehicle Registration: |
|  |
| Drivers Licence No. | Expiry: | D.O.B.: |
| Number of years licenced: |
| Will you also be submitting a Workcover / TAC claim? [ ]  Yes [ ]  No |
| **Other Driver’s details** |
| Name: | Phone: |
| Vehicle Registration: | Drivers Licence No.: |
| Address: |
| Insurance Company: |
| Policy Number: |
| **Incident Details** |
| Date: | Time: [ ]  AM [ ]  PM |
| Location of incident (street/suburb): |  |
| Weather Conditions: |  |
| The speed limit in the area: | [ ]  40 [ ]  50 [ ]  60 [ ]  70 [ ]  80 [ ]  90 [ ]  100 [ ]  110 [ ]  Other: |
| Speed of your vehicle: |  |
| Estimated speed of other vehicle: |  |
| Road Conditions: | [ ]  Sealed [ ]  Gravel [ ]  Dirt [ ]  Other: |
| Who was at fault?[ ]  Me [ ]  Other Vehicle | Explain: |
| Was either vehicle towed? | [ ]  Yes [ ]  No If yes, by whom? |
| Task being performed at the time: |  |
| Heavy Vehicle: Were you carrying a bin? | [ ]  Yes [ ]  No  |
| **Description of Incident**  |
| Please describe what happened: |
| **Description of Incident** |
| Please describe what happened: | Photo Evidence Required |
|  | Photo of the other drivers, driver’s licenceDamage to other drivers’ vehicleDamage to Frontline Demolitions vehicle | **Taken**[ ]  Yes [ ]  No**Attached**[ ]  Yes [ ]  No**Taken**[ ]  Yes [ ]  No**Attached**[ ]  Yes [ ]  No**Taken**[ ]  Yes [ ]  No**Attached**[ ]  Yes [ ]  No |
| **Damage** |
| Damage to your vehicle: |  |
| Damage to other vehicle: |  |
| Sketch of incident:Please try and be as accurate as possible – this will be given to the insurance company / alternatively, get as many photos as possible of vehicles and the area of the accident (both are preferrable):  |  |
| Did police attend:[ ]  Yes [ ]  No | If Yes, the name of the attending officer/s: |
| If no, was the accident reported? [ ]  Yes [ ]  NoDate reported: |
| Did police charge anyone:[ ]  Yes [ ]  No | Comments (including nature of charges laid): |
| Did you consume any alcohol and/or drugs 24 hours prior to the accident (including medication that may affect driving)? [ ]  Yes [ ]  NoComments: |
| Did you consume any alcohol and/or drugs 24 hours prior to the accident (including medication that may affect driving)? [ ]  Yes [ ]  No |
| If yes, what was the result? |
| **Driver History** |
| In the last 5 years, have you, as the driver of this vehicle; | **Yes** | **No** |
| Had any insurance been refused, declined or cancelled by an insurer or any special conditions imposed? |[ ] [ ]
| Been convicted or charged with;1. Drug use, driving under the influence, or exceeding the prescribed concentration of alcohol?
2. Any driving offences or speeding infringements?
3. Fraud, arson, theft or any other criminal act?
 | [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  |
| Had a drivers or motorcycle licence cancelled, suspended or endorsed (in any State)? |[ ] [ ]
| Had a claim or accident? |[ ] [ ]
| Had a car stolen or burned out? |[ ] [ ]
| If you answered yes to any of the above questions, please provide further details below: |
| **Declaration** |
| **I Declare the aforementioned to be true and correct.** |
| **Name** |  |
| **Signature:** | Date: / / . |