**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 licence  Damage to other drivers’ vehicle  Damage 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  No  Date 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  No  Comments: | | | | | | | | | | |
| 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: / / . | | | | | | | | | |