Motor Vehicle Accident Report form



Vero claims: Email: lodgeclaim@vero.com.au App: Collect all details in the Vero Claims App and send it straight to our c Phone: 1300 888 073 Fax: 1300 066 150	laims team. Download the app from the Apple Store or Google Play.
1 – Company name	
	Policy No.
2 – Accident details Date of accident Time of accident	, _
/ / am / pm	
Place of accident	
Town/Suburb	
Speed at time of accident - your vehicle K/mh	
Weather conditions Sunny Overcast Raining	
Conditions of road Wet Dry Rough	
Describe accident circumstances	
Sketch plan of accident in this space	Symbol for plan ○ Person(s) → Other vehicle ○ Stop sign → Your vehicle □ Traffic lights ○ Give way sign Please show the name(s) of the street(s)
3 – Driver details	
Surname	Given name(s)
Occupation	Telephone No. (work)
Licence No.	Expiry date Date of birth Age
Have you ever been convicted of any traffic offence or had your lic No Yes If Yes, please give details	rence suspended?
Use of vehicle at the time of accident/loss:	Business Private

Preferred contact for the clair Name	m As above	(Vero may contact		act for an asses one	sment)		
				0110			
Email							
4 – Your Vehicle details Registration No.	Reg. Expiry d	ate			€@	- Pa	
	/	/			The	TOTAL	(Indicate areas
Vehicle type		Vehicle make					damaged)
					50		
5 – Third party details Drivers name					Telephone No.		
Address							
					State	Postcode	
Owners name					Telephone No.		
Address					State	Postcode	
Name of incurance common					State	rosicode	
Name of insurance company	/				€0	T)	
Policy No.							(Indicate areas damaged)
					dilli		uumugcu,
Licence No.		Date of birth		Registration	」	03	
			/				
Vehicle type			Vel	l L hicle make			
/-							
Description of damage to ve	ehicle (*if more th	nan one vehicle invo	lved attac	ch details)			
	<u> </u>			<u>, </u>			
6 – Witness							
Were there any witnesses	to the accident?					No 🗌	Yes
Witness name							
Witness address							
					State	Postcode	
Independent You	ur vehicle	Third party vehicle					
Note: Passengers in your Phone contact	Vehicle						
			(01	hor witnesses	please attach de	ataile)	
7 – Police				mer vvilliesses	picase attacit de	, tulioj	
Were Police advised of the						No 🗌	Yes
Did Police attend the accide	ent?					No L	Yes
Police station							
If Yes, Police report #							