

ACCIDENT REPORT FORM

Incident Location: _____

Incident Time (24h): _____ Date: _____

Parties Involved:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Role in Incident (e.g., Driver, Witness): _____

Vehicle/Property Details:

Make/Model: _____

Registration Number: _____

Colour: _____

Owner Name: _____

Description of Incident:

Provide a detailed description of the incident including sequence of events, actions taken by involved parties, weather conditions, and any other relevant information.

Injuries Sustained:

List any injuries sustained by involved parties, specifying severity and treatment received if any. If no injuries, please state 'None'.

Witnesses:

Provide names, contact details, and statements of any witnesses to the incident. If no witnesses, please state 'None'.

Police Notification:

Was the incident reported to police? (Yes/No): _____

Police Report Number (if applicable): _____

Insurance Information:

Insurer Name: _____

Policy Number: _____

Contact Number: _____

Declaration:

I hereby declare that the information provided herein is true and correct to the best of my knowledge. I understand that providing false or misleading information may have legal consequences under Australian law.

SIGNATORY NAME

SIGNATORY SIGNATURE

Print Name: _____

Signature: _____

Date: _____

Contact Number: _____

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