

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 claims team. Download the app from the Apple Store or Google Play.**Phone:** 1300 888 073**Fax:** 1300 066 150**1 – Company name**

Policy No.

Profit Centre/Division

2 – Driver details☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Given name(s)

Occupation

Telephone No. (work)

Licence No. (attach copy)

Expiry date

Date of birth

Age

Have you ever been convicted of any traffic offence or had your licence suspended?

No ☐ Yes ☐ If Yes, please give details

Had you consumed any intoxicating liquor or taken any drugs during the eight hours prior to the Accident?

No ☐ Yes ☐ If Yes, please give details

Were you required to undergo a breath test analysis?

No ☐ Yes ☐ If Yes, what was the result?

Name of custodian of vehicle (if different to driver)

Was he/she driving with your consent?

No ☐Yes ☐

Use of vehicle at the time of accident/loss:

Business ☐Private ☐Preferred contact for the claim As above ☐

(Vero may contact this contact for an assessment)

Name

Email

Phone

3 – Your Vehicle details

Registration No.

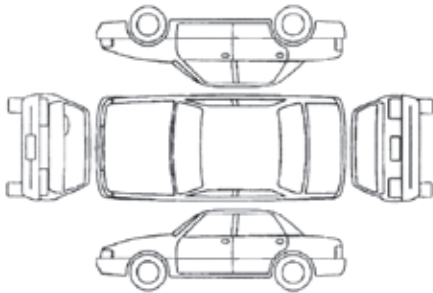
Reg. Expiry date

/

/

Vehicle type

Vehicle make



(Indicate areas damaged)

4 – Third party details

Drivers name

Telephone No.

Address

State

Postcode

Owners name

Telephone No.

Address

State

Postcode

Name of insurance company

Policy No.

Licence No.

Date of birth

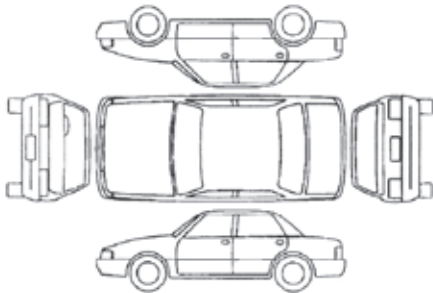
/

/

Registration No.

Vehicle type

Vehicle make



(Indicate areas damaged)

Description of damage to vehicle (*if more than one vehicle involved attach details)

5 – Accident details

Date of accident

/

/

Time of accident

am / pm

Place of accident

Town/Suburb

Speed at time of accident

Your Vehicle

K/mh

Other Vehicle

K/mh

Traffic Signal Given? Your Vehicle

No

Yes

Traffic Signal Given? Other Vehicle

No

Yes

Weather conditions

Sunny

Overcast

Raining

Otherwise

Conditions of road

Wet

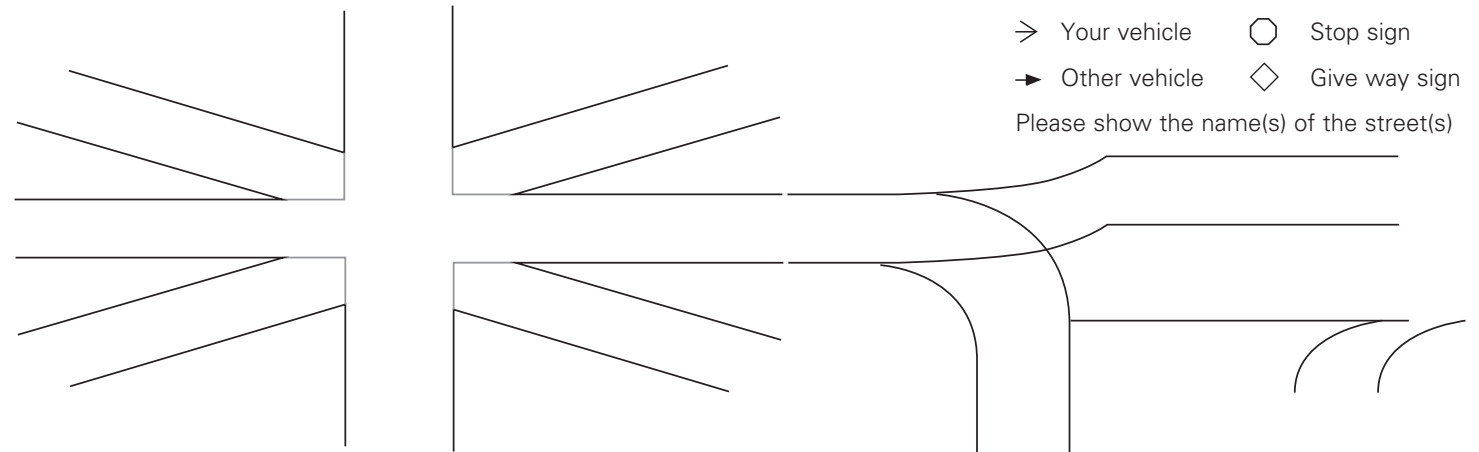
Dry

Rough

Otherwise

Describe accident circumstances

Sketch plan of accident in this space



6 – Witness

Were there any witnesses to the accident? No ☐ Yes ☐

Witness 1 name

Witness 1 address

StatePostcode

☐ Independent ☐ Your vehicle ☐ Third party vehicle

Witness 2 name

Witness 2 address

StatePostcode

☐ Independent ☐ Your vehicle ☐ Third party vehicle

Note: Passengers in your Vehicle

Phone contact

(Other witnesses please attach details)

7 – Police

Were Police advised of the accident? No ☐ Yes ☐

Did Police attend the accident? No ☐ Yes ☐

Police station

If Yes, Police report #