

Motor Vehicle Accident Report form

Vero claims:

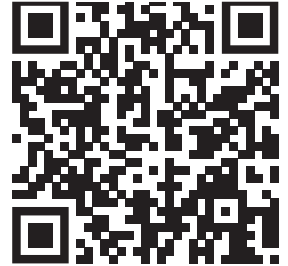
Email: lodgeclaim@vero.com.au

Phone: 1300 888 073

Online: Lodge your claim online [here](#) or scan QR code

Please use this form to assist you in recording the accident details, then go to www.vero.com.au/claims to lodge your claim.

Please take photos of the incident and third party details e.g. their drivers licence and involved vehicles including number plates.



1 – Policy name

Policy No.

2 – Accident details

Date of accident

 / /

Time of accident

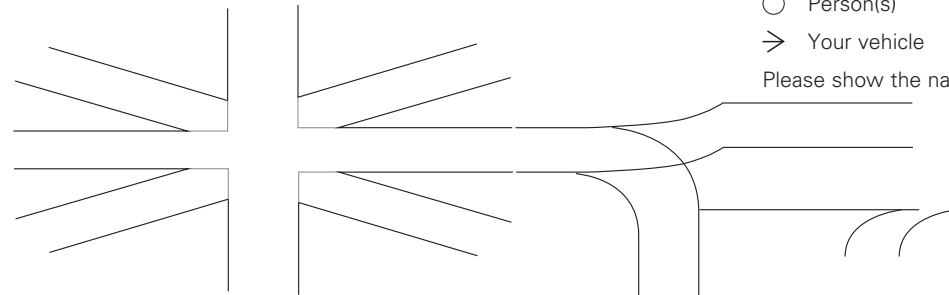
 am / pm

Place of accident

Town/Suburb

Describe accident circumstances

Sketch plan of accident in this space



Symbol for plan

- Person(s)
- Your vehicle
- Other vehicle
- Traffic lights
- Stop sign
- Give way sign

Please show the name(s) of the street(s)

3 – Driver details

Surname

Given name(s)

Telephone No. (work)

Licence No. (attach copy)

Expiry date

 / /

Date of birth

 / /

Age

Had you consumed any intoxicating liquor or taken any drugs during the twelve 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)

Did the driver have consent to drive the vehicle?

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 Phone

Email

4 – Your Vehicle details

Registration No. Vehicle type Vehicle make

Description of damage to vehicle

Is your vehicle drivable: Yes No If No, current vehicle location?

5 – Third party details

Is Third Party vehicle drivable? No Yes

Drivers name Telephone No.

Address State Postcode

Owners name Telephone No.

Address State Postcode

Name of insurance company Policy No/Claim No.

Licence No. Date of birth Registration No.

Vehicle type Vehicle make

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

6 – Witness

Were there any witnesses to the accident? No Yes

Witness name

Witness address State Postcode

Independent Your vehicle Third party vehicle

Note: Passengers in your Vehicle

Passenger name

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 #