



Compulsory Third Party Insurance Notice of Accident by Owner

Please complete and mail to: CTP Claims, PO Box 1453 Brisbane QLD 4001

Claim Reference No.

1. OWNER

Surname/Family Name <input type="text"/>		Given Names <input type="text"/>		Mr/Mrs/Ms <input type="text"/>
Address (No. & Street) <input type="text"/>		Town/Suburb <input type="text"/>		Postcode <input type="text"/>
Phone (Work) <input type="text"/>	(Home) <input type="text"/>	(Mobile) <input type="text"/>	Email <input type="text"/>	
Occupation <input type="text"/>				Date of Birth <input type="text"/>

2. DRIVER

Surname/Family Name <input type="text"/>		Given Names <input type="text"/>		Mr/Mrs/Ms <input type="text"/>
Address (No. & Street) <input type="text"/>		Town/Suburb <input type="text"/>		Postcode <input type="text"/>
Phone (Work) <input type="text"/>	(Home) <input type="text"/>	(Mobile) <input type="text"/>	Email <input type="text"/>	
Occupation <input type="text"/>				Date of Birth <input type="text"/>
Tick whether the driver was: Owner <input type="checkbox"/> Authorised Driver <input type="checkbox"/> Unauthorised Driver <input type="checkbox"/>		Licence No. <input type="text"/>	Expiry Date <input type="text"/>	Class <input type="text"/>

3. DETAILS OF INSURED VEHICLE INVOLVED IN ACCIDENT

Make <input type="text"/>	Model <input type="text"/>	Regn No. <input type="text"/>	Due Date <input type="text"/>
Purpose of Use <input type="text"/>	No. of Persons in Vehicle (incl. driver) <input type="text"/>	Was your vehicle comprehensively insured at the time of the accident Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide the name of the Insurance Company and the Claim Number <input type="text"/>			
Please tick the statement that applied to you at the renewal of your registration prior to the accident			
<input type="checkbox"/> I was not registered for GST. (For example, this applies to most individuals who do not have a business.)			
<input type="checkbox"/> I was registered for GST and entitled to claim an ITC. (For example, this applies to most businesses.)			
<input type="checkbox"/> I was registered for GST but not entitled to claim an ITC. (For example, this applies businesses that are fully input taxed.)			
Is the above selection your current GST status and entitlement to claim an Input Tax Credit (ITC)? Yes <input type="checkbox"/> No <input type="checkbox"/>			

4. DETAILS OF ACCIDENT

Date of Accident <input type="text"/>	Time (am/pm) <input type="text"/>	Place - Street(s) <input type="text"/>	Town/Suburb <input type="text"/>	Postcode <input type="text"/>
State quantity of alcohol/drugs consumed by the driver during the 12 hours prior to the accident <input type="text"/>		Was the vehicle being used to or from work <input type="text"/>		
Estimate speed of vehicle prior to accident <input type="text"/> kph	Describe damage to vehicle <input type="text"/>			
Did police attend accident scene Yes <input type="checkbox"/> No <input type="checkbox"/>	Police station to which accident reported <input type="text"/>		Police Officer's Name <input type="text"/>	
Date Accident Reported <input type="text"/>	If Yes, against whom <input type="text"/>			
Is Police action pending: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>				
Charge <input type="text"/>				

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5. DETAILS OF OTHER VEHICLES INVOLVED IN THE ACCIDENT (If more, provide details on separate sheet)

<p>Make <input type="text"/></p> <p>Model <input type="text"/></p> <p>Registration No. <input type="text"/></p> <p>State <input type="text"/></p> <p>Owner's Name <input type="text"/></p> <p>Owner's Address <input type="text"/></p> <p>Driver's Name <input type="text"/></p> <p>Driver's Address <input type="text"/></p> <p>Describe Damage to Vehicle <input type="text"/></p> <p>No. of Persons in Vehicle (incl. driver) <input type="text"/></p>	<p>Make <input type="text"/></p> <p>Model <input type="text"/></p> <p>Registration No. <input type="text"/></p> <p>State <input type="text"/></p> <p>Owner's Name <input type="text"/></p> <p>Owner's Address <input type="text"/></p> <p>Driver's Name <input type="text"/></p> <p>Driver's Address <input type="text"/></p> <p>Describe Damage to Vehicle <input type="text"/></p> <p>No. of Persons in Vehicle (incl. driver) <input type="text"/></p>
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6. INJURED PERSON(S) DETAILS (If more, provide details on separate sheet)

Surname/Family Name <input type="text"/>	Given Names <input type="text"/>	Mr/Mrs/Ms/Miss <input type="text"/>
Injuries <input type="text"/>		Seat Belt/Helmet Worn Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname/Family Name <input type="text"/>	Given Names <input type="text"/>	Mr/Mrs/Ms/Miss <input type="text"/>
Injuries <input type="text"/>		Seat Belt/Helmet Worn Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname/Family Name <input type="text"/>	Given Names <input type="text"/>	Mr/Mrs/Ms/Miss <input type="text"/>
Injuries <input type="text"/>		Seat Belt/Helmet Worn Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname/Family Name <input type="text"/>	Given Names <input type="text"/>	Mr/Mrs/Ms/Miss <input type="text"/>
Injuries <input type="text"/>		Seat Belt/Helmet Worn Yes <input type="checkbox"/> No <input type="checkbox"/>

7. WITNESSES OF THE ACCIDENT (including all passengers in the vehicle)

Name <input type="text"/>	Address <input type="text"/>	Phone <input type="text"/>
Name <input type="text"/>	Address <input type="text"/>	Phone <input type="text"/>
Name <input type="text"/>	Address <input type="text"/>	Phone <input type="text"/>

I declare the above information to be true and correct to the best of my knowledge and belief.

Signature: _____ Date

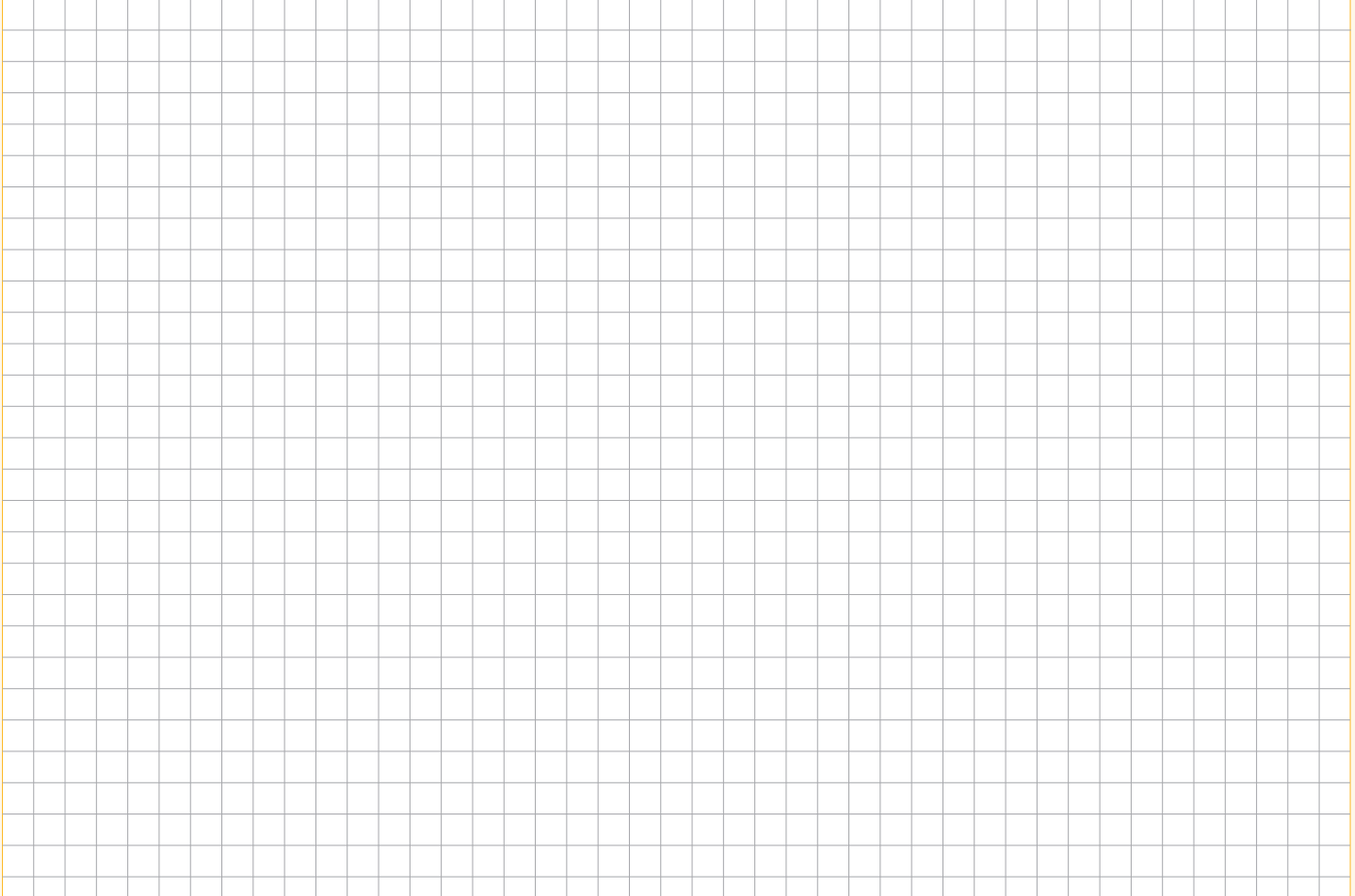
Brief description of the accident

Who do you consider was responsible for causing the accident?

Give reason for your opinion

Did a vehicle fault or defect cause the accident? If yes, please provide the name and address details of the company who most recently serviced the vehicle and the date of the last service.

Please make a rough plan of road, showing positions of vehicles and persons concerned at time of accident, and show with an arrow the direction in which they were travelling: **Show your vehicle as "A"**



Additional Information