

Motor Vehicle Claim Instructions

Repairer: Phone:

Your Vehicle Details:

Make, Model & Year: Rego:

Insured: Yes No Company/Claim/Policy number: Comprehensive Third Party

Registered Owner Name: MR/MRS/MS

Owner Address:

Owner Contact: Home/Work Mobile

Email: GST: Yes No ABN:

Date of Birth: License & Expiry Date:

Driver Name: MR/MRS/MS

Driver Address:

Driver Contact: Home/Work Mobile

Passenger Details:

Offending Vehicle Details:

Make, Model & Year: Rego:

Insured: Yes No Company: Claim/Policy number:

Driver Name: MR/MRS/MS

Driver Address:

Driver Contact: Home/Work Mobile

Date of Birth: License & Expiry Date:

Owner Name: MR/MRS/MS

Owner Address:

Owner Contact: Home/Work Mobile

Passenger Details:

Third Vehicle or Witness Details:

Make, Model & Year: Rego:

Insured: Yes No Company/Claim/Policy number:

Name: MR/MRS/MS

Address:

Contact: Home/Work Mobile

Accident Details:

Date: Time: Place:

Description:

Police: Was matter reported to police? Yes No

Police Station: Name of Police Officer:

Diagram of Accident:



Your Vehicle



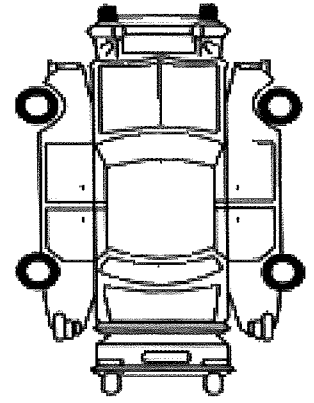
Other Vehicle



Stop Sign



Give Way Sign



Shade damaged areas of your vehicle

Authority To Act

I, _____

of _____

as owner of motor vehicle registration number _____ (the vehicle)

which was damaged in a collision on _____ (the collision)

appoint _____ (the repairer)

to act on my behalf as follows:

1. I AUTHORISE the repairer to:
 - a prepare an estimate of repairs necessary to restore the vehicle to its condition prior to the collision (the repairs);
 - b engage a qualified motor vehicle loss assessor to inspect the vehicle and assess the reasonable cost of the repairs;
 - c perform the repairs in accordance with the assessment including subcontracting any part of the repairs to qualified repairers as necessary;
 - d tow, drive and store the vehicle as necessary for the purposes of the estimation, assessment and performance of the repairs.
2. I AUTHORISE the repairer to pursue recovery of the cost of the repairs (including the assessment fee) together with any other losses I may suffer as a result of the collision (my claim) from the person responsible for the happening of the collision (the third party) and for that purpose to, as principal, instruct ADRS Lawyers (the lawyers) to:
 - a deal direct with the third party and any insurer or other representative of the third party regarding recovery of my claim; and
 - b sign on my behalf any document in respect to my claim, including a document settling my claim; and
 - c commence and conduct legal proceedings in my name for recovery of my claim; and
 - d take such other steps as shall reasonably be necessary to recover my claim.
3. I AUTHORISE and DIRECT the third party and any insurer or other representative of the third party required to pay any monies in respect of my claim to pay any and all such monies to the lawyers whose receipt shall be a good discharge of the monies required to be paid.
4. I authorise the repairer to apply any amounts recovered from the third party first to payment of any costs, including legal costs, incurred in pursuing recovery; then to payment of the cost of the repairs; then to payment of the balance of my claim (if any).
5. I agree to cooperate with the Lawyers instructed by the repairer including signing necessary documents and attending at Court as required.
6. In the event that I do not wish to proceed with the repairs or with recovery of my claim through the repairer I AGREE to pay to the repairer the amount of all costs, fees and charges, including legal costs, reasonably incurred by the repairer up to the date on which I notify the repairer in writing of my decision not to proceed.

Owner _____ Witness _____

Date _____