

CTP Insurance accident report form

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Office use only

Claim number

Complete the form in block letters, provide details on separate sheets if required.

The insured owner

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Surname/Family name		Given names		Date of birth	
Principal place of residence	Number	Street			/ /	
Phone number	Town/Suburb		State	Postcode		
	Home	Work	Occupation			

The insured vehicle

Registration	Make	Model
Year of manufacture	Body type (Sedan etc.)	Colour

Are seat belts fitted?

Yes ☐ No ☐ Registration expiry date

/ /

GST: Is anyone entitled to claim an Input Tax Credit (ITC) on this greenslip?

Yes ☐ No ☐ (Only GST registered businesses may claim an ITC)

Is the vehicle insured against property damage?

Yes ☐ No ☐ If 'Yes', provide the following details.

Name of insurance company

Policy no.

Claim no. (if applicable)

What damage was done to your vehicle?

Do you have any photographs of the damage to any vehicle involved in the accident? Yes ☐ No ☐

The driver

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Surname/Family name		Given names		Driver's date of birth	
Principal place of residence	Number	Street			/ /	
Phone number	Town/Suburb		State	Postcode		
Relationship to the insured	Home		Work	Occupation		
State	Driving experience		years	Current licence no.		
	Expiry date		/ /			

Does the driver have any previous driving convictions, i.e. motor vehicle accidents or loss of licence?

Yes ☐ No ☐ If 'Yes', please give details.

Accident details

Date of accident	Time	Place – Street	Town/Suburb
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>		


Weather conditions Wet ☐ Dry ☐


Road conditions Gravel/dirt ☐ Sealed road ☐

Speed at which insured vehicle was travelling on impact Km/h


Brief description of accident

Use the symbols below, draw a diagram of the accident scene identifying the insured vehicle and other vehicles involved (v1, v2, etc.)

Vehicle in which insured person was travelling 

Other vehicles (v1, v2, etc.) 

Pedestrian, cyclist, etc. 

Intersection 

Names, addresses and telephone numbers of witnesses (in insured vehicle, or independent)

Witness name		Witness name	
Address		Address	
Telephone		Telephone	
Witness name		Witness name	
Address		Address	
Telephone		Telephone	

Police

Did a Police Officer attend the accident?

Yes ☐ No ☐

If 'No', was the accident reported to Police?

Yes ☐ No ☐

Police station to which accident reported

Date accident reported

 / /

Police event number

Note: If you have a copy of the police report, please attach it to this form.

Was Police action taken against any party?

Yes ☐ No ☐

If 'Yes', who was charged or who is to be charged?

Offence?

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Have/Will charges or infringement notice be challenged?

Yes ☐ No ☐

If 'Yes', please advise details/results.

Is court action pending?

Yes ☐ No ☐

If 'Yes', please give details.

Charge

Court venue

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Did the driver undergo a breath analysis, blood or drug test? Yes ☐ No ☐

If 'Yes', please provide result of test.

Had any drugs or alcohol been consumed by any of the parties involved in the 24 hours before the accident?

Yes ☐ No ☐

If 'Yes', by whom?

Name

Name

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Other vehicles

Complete this section if another vehicle was involved in the accident. If more than two vehicles involved, please supply details on a separate sheet.

VEHICLE ONE – V1			VEHICLE TWO – V2		
Make of vehicle		Model	Make of vehicle		Model
Year of manufacture	Colour	Registration number	Year of manufacture	Colour	Registration number
Owner's name			Owner's name		
Owner's address			Owner's address		
Driver's name			Driver's name		
Driver's address			Driver's address		
Driver's licence number	Date of birth		Driver's licence number	Date of birth	
	/ /			/ /	
Driver's phone number	Approximate speed prior to impact		Driver's phone number	Approximate speed prior to impact	
Number of persons in vehicle (including driver)			Number of persons in vehicle (including driver)		

Injury details

Provide details of any persons you are aware, sustained injuries in this accident. (Please attach separate sheet if more space required)

PERSON 1			PERSON 2		
Name			Name		
Address			Address		
Date of birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Occupation	Date of birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Occupation
/ /			/ /		
Nature of injury			Nature of injury		
Where taken			Where taken		
Was the person wearing a seat belt/protective helmet? Yes <input type="checkbox"/> No <input type="checkbox"/>			Was the person wearing a seat belt/protective helmet? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please tick if injured was: Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motor cyclist <input type="checkbox"/> Pillion <input type="checkbox"/> Travelling in: Insured vehicle <input type="checkbox"/> Other vehicle <input type="checkbox"/> V <input type="checkbox"/>			Please tick if injured was: Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motor cyclist <input type="checkbox"/> Pillion <input type="checkbox"/> Travelling in: Insured vehicle <input type="checkbox"/> Other vehicle <input type="checkbox"/> V <input type="checkbox"/>		

Authorisation and signature

The above is a true statement of the facts and matters relating to the happening in respect of which this report is made. I/we hereby authorise QBE Insurance (Australia) Limited to settle or defend any claim or proceeding which may arise and to make any admissions which in the Company's decision is necessary and this authority shall be deemed a warrant of authority for the Company's solicitors to act for me/us in connection with any claim or proceedings. I/we hereby authorise QBE Insurance (Australia) Limited or the Nominal Defendant to obtain copies of any blood alcohol results and statements made by me/us to the Police Department of any State or Territory.

Driver's signature		Owner's signature	
Date	/ /	Date	/ /

Where to send your accident report form

Post to: QBE Insurance (Australia) Limited
CTP Claims Department
GPO Box 7037, Sydney NSW 2001

QBE Insurance (Australia) Limited is a signatory to the General Insurance Information Privacy Code. If you require any information about privacy, please feel free to contact us.

Notes: