

# Third Party Accident Application Form

## REPAIRER DETAILS:

Name:

Phone:

Contact person:

Email:

## NOT AT FAULT PARTY DETAILS (YOUR CAR)

**DRIVER:**

**Mr / Mrs / Ms:**

**Other:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**REGISTERED OWNER:**

**Mr / Mrs / Ms**

**Other:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## VEHICLE DETAILS:

Registration number: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

## INSURANCE DETAILS:

Insurance Company: \_\_\_\_\_ Type of Cover:  Comprehensive  TPPD  Nil

**REPLACEMENT CAR NEEDED:**  Yes  No Replacement Car Company used: \_\_\_\_\_

## AT FAULT PARTY DETAILS (OTHER CAR)

**DRIVER:**

**Mr / Mrs / Ms:**

**Other:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**REGISTERED OWNER:**

**Mr / Mrs / Ms**

**Other:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## VEHICLE DETAILS:

Registration number: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

## INSURANCE DETAILS:

Insurance Company/Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Cover:  Comprehensive  TPPD  Nil Claim number: \_\_\_\_\_

# Third Party Accident Application Form

## WITNESSES

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## ACCIDENT DETAILS:

Weather Conditions:  Wet  Dry  Raining

No. of vehicles involved in incident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of incident: \_\_\_\_\_ Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

**ACCIDENT DESCRIPTION:** (Please give a full details description of what happened including cross streets, number or lanes each way, vehicle lane you were in, traffic signals, speed you were doing, moving or stationary.)

Draw diagram of accident using:

A = Not at fault car (your car)

B = At fault car

C = Any other car's involved

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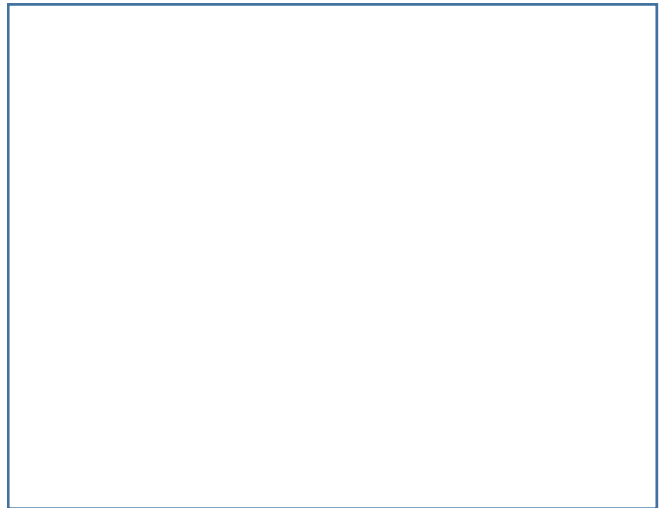
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## INJURIES:

Has the driver or passenger (s) been injured?  Yes  No

## POLICE REPORT:

Did the police attend?  Yes  No

Report/Event number: \_\_\_\_\_

Was the matter reported to police?  Yes  No

Date incident reported: \_\_\_\_\_

Police Officer's name: \_\_\_\_\_

Police Station: \_\_\_\_\_

Was anyone booked?:  Yes  No

If yes, charged with: \_\_\_\_\_

# Third Party Accident Application Form

## AUTHORITY TO ACT

**Client Name:**

**Registration number:**

**Accident Date:**

I, \_\_\_\_\_ authorise First Title Recoveries (CAPI Lic: 412030265) to:

1. Act on my behalf in the recovery of my losses with respect to my motor vehicle accident;
2. Deal directly with and take instructions from the Repairer and if applicable the Vehicle Replacement Company;
3. Commence legal proceedings on my behalf, including but not limited to the filing of statement of claims, notice of motions, appearing on my behalf and negotiating settlements;
4. Irrevocably direct and authorise First Title Recoveries to pay the repairer and if applicable the vehicle replacement company and/or any third party recovery agency monies owed to them from the settlement amount;
5. Engage on my behalf, the services of another lawyer in a court of tribunal, eg. A barrister, in a matter and/or complicated matters other than in a court or tribunal, or another lawyer to provide specialist advice or perform work in another place.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_