

Motor Vehicle Accident Report form



Vero claims:

Email: lodgeclaim@vero.com.au

App: Collect all details in the Vero Claims App and send it straight to our claims team. Download the app from the Apple Store or Google Play.

Phone: 1300 888 073

Fax: 1300 066 150

1 – Company name

Policy No.

Profit Centre/Division

2 – Driver details

Mr Mrs Miss Ms

Surname

Given name(s)

Occupation

Telephone No. (work)

Licence No. (attach copy)

Expiry date

Date of birth

Age

Have you ever been convicted of any traffic offence or had your licence suspended?

No Yes If Yes, please give details

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

Was he/she driving with your consent?

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

Email

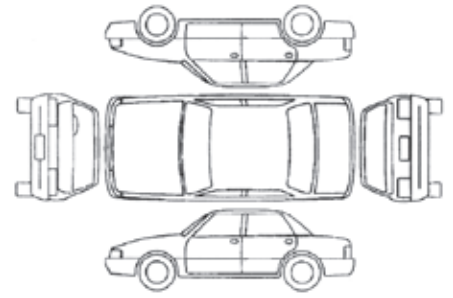
Phone

3 – Your Vehicle details

Registration No. Reg. Expiry date

Vehicle type

Vehicle make



(Indicate areas damaged)

4 – Third party details

Drivers name Telephone No.

Address State Postcode

Owners name Telephone No.

Address State Postcode

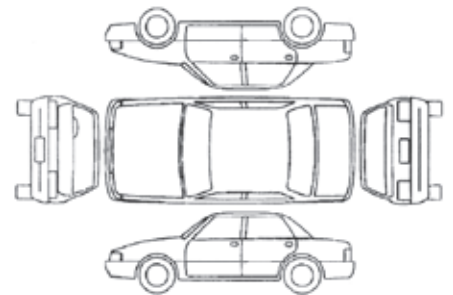
Name of insurance company

Policy No.

Licence No. Date of birth

Registration No.

Vehicle type Vehicle make



(Indicate areas damaged)

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

5 – Accident details

Date of accident

 / /

Time of accident

 am / pm

Place of accident

Town/Suburb

Speed at time of accident

Your Vehicle K/mh

Other Vehicle K/mh

Traffic Signal Given? Your Vehicle

No

Yes

Traffic Signal Given? Other Vehicle

No

Yes

Weather conditions Sunny Overcast Raining

Otherwise

Conditions of road Wet Dry Rough

Otherwise

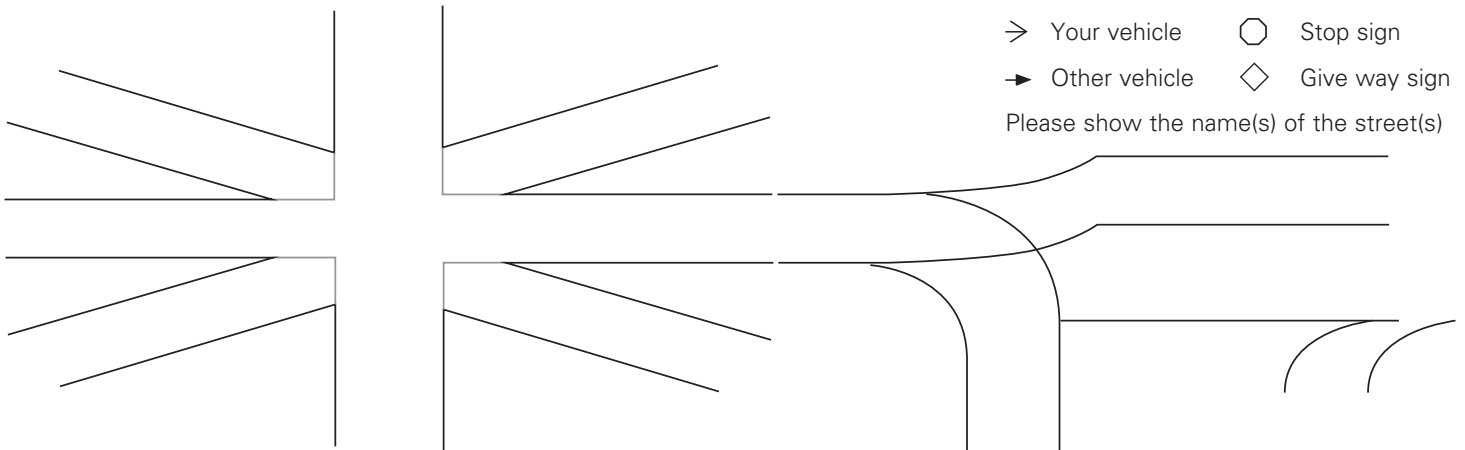
Describe accident circumstances

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)



6 – Witness

Were there any witnesses to the accident?

No

Yes

Witness 1 name

Witness 1 address

	State	Postcode
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Independent Your vehicle Third party vehicle

Witness 2 name

Witness 2 address

	State	Postcode
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Independent Your vehicle Third party vehicle

Note: Passengers in your Vehicle

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 #