

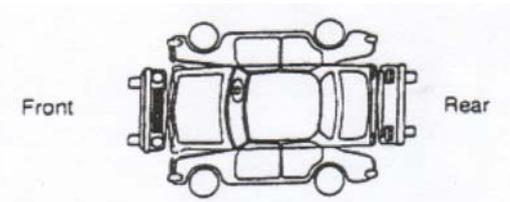
# Motor Vehicle Damage Report Form

Please complete this form online and print. Complete freehand drawings, sign the form and obtain authorisation from the appropriate financial delegate (Section G) before forwarding the form and related papers to the Transport Office, Nathan campus. Enquiries: 3735 5509.

## Section A: Details of University Vehicle

1. Vehicle Registration No.:	Reg. Expiry Date:
2. Vehicle Make & Model:	Body Type:
3. <i>Goods carrying vehicles only</i> : State weight of load at time of accident	

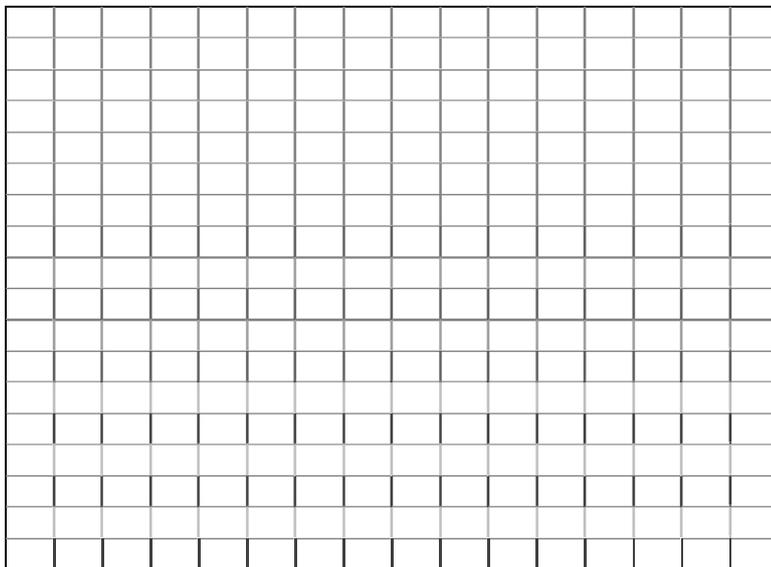
## Section B: Details of Accident

1. Accident Date:	Time of Accident:	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m
2. Place of Accident:		
3. Accident Details:		
4. Description of damage to university vehicle		
5. Who caused the accident?		
6. State your reasons for this opinion:		
7. Was this accident reported to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Reported to: _____ Date: _____
		Police Station: _____
8. Is police action pending?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Give Details: _____
9. Show details of damage to vehicle on diagram. (Draw freehand).		

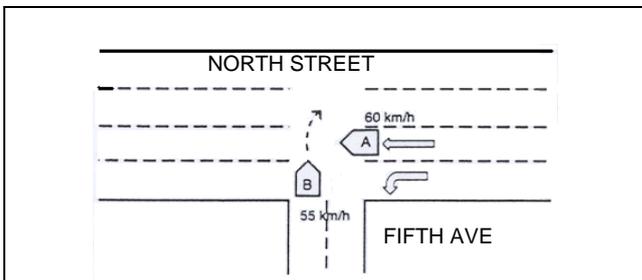
## Section C: Sketch of Accident

(Draw sketch freehand)

- Draw Intersection or Street on diagram
- Show speeds of vehicles involved
- Show your vehicle and direction of travel as 
- Show other vehicle and direction of travel as 
- Show Street names
- Show Stop & Give Way Signs (if any) as  
 Stop     Give Way
- Show directional lane arrows i.e. Arrows painted on road (if any) e.g.  
        



### Example



Condition of road e.g. wet, dry etc	
Was your vehicle on the correct side of the road?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If after sundown, were lamps alight in accordance with the relevant laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section D: Witnesses and Persons Injured**

If Staff or Students are injured they must also complete the Incident/Injury Report form.

- Names / Addresses of Persons who witnessed accident:
- Names / Addresses of persons injured in accident:
- Name of Doctor and/or Hospital:

**Section E: Details of Driver of University Vehicle**

- Name of Driver: \_\_\_\_\_ Element/School: \_\_\_\_\_ Ext No: \_\_\_\_\_
- Licence No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(Please attach a copy of your driver's licence (Front/ Back))
- Driver's Birth Date \_\_\_\_\_ Licensed since: \_\_\_\_\_
- Is the driver authorised to drive University vehicles?  Yes  No } If Yes, indicate whether  
 Postgraduate  
 Undergraduate  
 Uni employee  
 Other ( \_\_\_\_\_ )
- State quantity of alcohol/drugs consumed in the 12 hours prior to accident
- Were you requested to take a breath or blood test? (If Yes, provide details of the Type of Test.)  Yes  No
- Has the driver or person in charge: ever had licence endorsed, suspended, cancelled, or been convicted of a traffic offence in the past 5 years? (If Yes, attach full details)  Yes  No

**Section F: Particulars of Damage to Other Vehicle and Property**

- Other Vehicle Reg No: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Body Type: \_\_\_\_\_
- Owner's Name and Address: \_\_\_\_\_
- Driver's Name and Address: \_\_\_\_\_
- Details of Damage to Other Vehicle: \_\_\_\_\_
- Name of Insurer of Other Vehicle: \_\_\_\_\_
- Brief Details of Property Damage (other than Motor Vehicles): \_\_\_\_\_
- Property Owner's Name and Address: \_\_\_\_\_
- Name of Insurer: \_\_\_\_\_

**Section G: Certification by the Person in Charge of the Vehicle and Financial Delegate**

The information in this form is true and correct and no information relevant to this incident has been withheld.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print name(s) of person(s) signing this form \_\_\_\_\_

I authorise that costs, up to the insurance excess of \$500, be charged to the following project: \_\_\_\_\_ Financial Delegate

Project Description: \_\_\_\_\_ Speedtype: 

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 Class: 

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**Section H: Transport Officer to Complete**

- Full Damage Description \_\_\_\_\_
- Signed (Transport Officer): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section I: Insurance Officer**

- |  |                                 |
|--|---------------------------------|
| 1. Date Repairs Authorised: ____ / ____ / ____ | 7. Actual Repair Cost: \$ _____ |
| 2. Name of Repairer: _____                     | 8. Dept Excess: \$ _____        |
| 3. Estimated Cost of Repairs: \$ _____         | 9. T.P. Repair Costs: \$ _____  |
| 4. VDR No.: _____ / _____                      | 10. T.P. Excess: \$ _____       |
| 5. Fault code: _____                           | 11. T.P. Recovery: \$ _____     |
| 6. Estimate No.: _____                         | Date: ____ / ____ / ____        |
| 12. General: _____                             |                                 |