

# BATTLE & CO. PTY. LTD.

**Mailing Address:**

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## LAWYERS

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**Street Address:**

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### MOTOR VEHICLE ACCIDENT INSTRUCTION FORM

**OWNER'S PARTICULARS**

Surname Mr/Mrs/Miss

Other Names

Address

Home Phone No.

Business Phone No.

Occupation or Business

Date of Birth

**DRIVER'S PARTICULARS**

Surname Mr/Mrs/Miss

Other Names

Address

Home Phone No.

Business Phone No.

Occupation or Business

Date of Birth

**YOUR VEHICLE**

Make

Registration No.

Insurance Company - Comp or T.P.P.O

**REPAIRER & /OR CURRENT LOCATION**

Name

Phone No.

**ACCIDENT PARTICULARS**

Date

Time

a.m/p.m.

Weather (Dry/Wet)

Street

Suburb

**DETAILS OF OTHER DRIVERS AND VEHICLES INVOLVED**

Name :

Address:

Phone :

Approx Age :

Vehicle Make :

Reg :

Name of Insurer :

**PARTICULARS OF ALL PASSENGERS IN YOUR VEHICLE**

Name

Address

Phone Number

**PARTICULARS OF INDEPENDENT WITNESSES**

Name

Address

Phone Number

PLEASE COMPLETE REVERSE SIDE OF THIS FORM ALSO.

**PLAN (PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & GIVE WAY SIGNS)**

**INDICATE AS FOLLOWS**

Street / Intersection



Curved Street  
Your Vehicle



Other Vehicles  
Direction of travel shown by  
arrow



Indicate Traffic Control Signs  
etc STOP (SIGN)



**DESCRIPTION OF ACCIDENT**

Describe accident in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State conversation with other drivers, witnesses or others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE REPORT**

Did Police attend the scene of accident? \_\_\_\_\_ If NO, was accident reported to Police? \_\_\_\_\_ Date reported / /

Police Officer's Name \_\_\_\_\_ Station \_\_\_\_\_

**HIRE CAR**

Do you use your motor vehicle for business purposes? Yes/No

Do you require a substitute motor vehicle? Yes/No

Can you provide evidence in support of the need for a substitute motor vehicle? (eg. Tax Records, letter from employer or Accountant) Yes/No

**INJURIES**

Were you or any person in your vehicle injured Yes/No

If so, can we assist you with a compensation claim? Yes/No

**AUTHORITY TO REPAIR A MOTOR VEHICLE**

I .....  
of .....  
hereby authorise.....of .....  
to repair my vehicle registration number..... being a .....and acknowledge that the repairer shall be entitled to be paid the fair  
and reasonable cost carried out as per quotation number.....and I irrevocably authorise and direct payment to be made directly  
to my repairer.

DATED this..... day of.....20 Signed : .....

**AUTHORITY TO SOLICITOR TO ACT**

I authorise Battley & Co. Pty. Ltd. to send a letter of demand to the responsible party and if payment is not made by that party or that party's insurer I  
authorise Battley & Co. Pty. Ltd. to issue legal proceedings provided no legal costs are incurred without my additional authority. I understand that by  
signing this authorisation I am instructing Battley & Co. Pty. Ltd. to act on my behalf.

DATED this..... day of.....20 Signed: .....