

CAR ACCIDENT CLAIM FORM



CME

CLAIMS MADE EASY

Level 4, 114 William Street, Melbourne VIC 3000

Phone 1300 363 255 Fax 1300 363 253

www.claimsmadeeasy.com.au info@claimsmadeeasy.com.au

NO WIN - NO FEE!

If you are not at fault, why should you pay?

For various reasons, people involved in accidents they did not cause, often have to meet their own repair costs.

Some may not be fully insured, while others simply wish to preserve their **No Claim Discount**.

Whatever situation you are in, we offer a way to help you recover the cost of repairs.

Why you should use us?

Every day we recover repair costs from the people responsible for causing accidents. Our service will enable you to have your car fixed correctly by the repairer of your choice.

How the service operates

You authorise us to act for you and we will manage the recovery of the cost of repairs as well as any loss of wages or hire car costs from the party at fault, or their insurer.

The next step

If you have been involved in an accident and believe you are clearly not at fault, the next step is to fill out our Accident Report Form and send it to us together with your repairer's quotation.

Or, if you simply wish to know more about the next step phone Frank Cottonaro on 0417 117 767

IMPORTANT

Once you have authorised us to proceed, you should not take any action yourself, as this may hamper or jeopardise action taken by us on your behalf.

All communications you receive from the other party or witnesses should be referred to us as soon as possible.



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ACCIDENT DETAILS

Driver

Your Car

Name: Mr/Mrs/Ms..... Email:.....

Address:

Suburb:..... Postcode:.....

Phone: (Bus) (Home) (Fax)

Owner

Name: Mr/Mrs/Ms..... Email:.....

Address:

Suburb:..... Postcode:.....

Phone: (Bus) (Home) (Fax)

Repairer

Name:

Phone: (Fax)

Insurance Details

Comprehensive

Company Name: Third Party

Vehicle Details

Make: Model: Year: Reg No:.....

Driver

Other Car

Name: Mr/Mrs/Ms..... Email:.....

Address:

Suburb:..... Postcode:.....

Phone: (Bus) (Home) (Fax)

Owner

Name: Mr/Mrs/Ms..... Email:.....

Address:

Suburb:..... Postcode:.....

Phone: (Bus) (Home) (Fax)

Insurance Details

Comprehensive

Company Name: Claim No: Third Party

Vehicle Details

Make: Model: Year: Reg No:.....

Hire Car Required

GST Registered

Loss of Wages

Yes No

Yes ITC%:.....

No ABN:.....

Yes No

ADDITIONAL INFORMATION

Place of Accident

Street: Suburb:

Day & Date:








Detailed Description of Accident

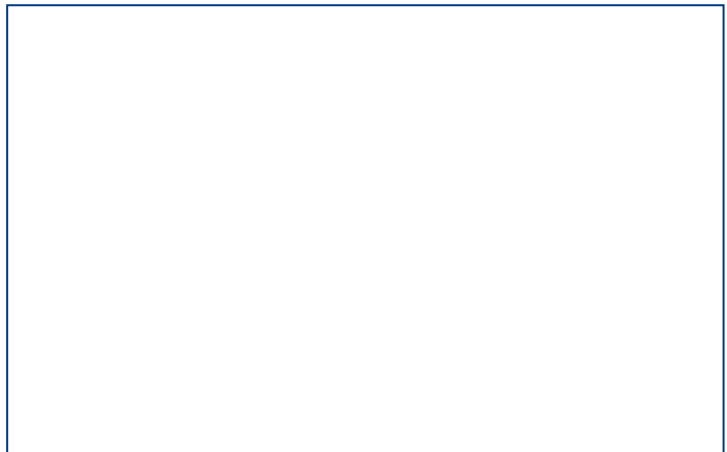
Details:

.....

.....

Diagram of Accident

Your Car  Other Car 
Streets & Intersections  Stop Sign 
Green Light  Give Way Sign 
Red Light 



Witness's (use additional sheet of paper for additional witness's)

Name: Phone:

Address:

Police Report

Did Police attend Yes No Report/Event Number:

Was matter reported to Police Yes No Date Incident Reported:

Officers Name: Station:

Authorisation

1. I authorise Claims Made Easy to act on my behalf as an agent.
2. I authorise Claims Made Easy to send and receive documents such as invoices, quotes and reports in relation to this claim.
3. I acknowledge that an independent assessor will be arranged on my behalf to substantiate my losses.
4. I authorise Claims Made Easy to retain Kenworthy Bruce Recovery Lawyers to act on my behalf if deemed necessary.
5. I acknowledge Claims Made Easy's fees and authorise the deduction and payment of these fees once any losses are recovered.
6. I acknowledge that if Claims Made Easy cannot recover any loss no fee will apply.
7. I acknowledge that if I withdraw my claim without consent from Claims Made Easy, I will be responsible for the Claims Made Easy fees and assessment fee. Claims Made Easy reserves the right not to act on a NO WIN / NO FEE basis, but will advise me of this prior to commencing my claim.
8. I hereby irrevocably appoint Claims Made Easy as my agent for the purpose of conducting my claim including but not limited to settling my claim without reference to me on the understanding that CME will act in my best interests at all times.

Signature: _____ Witness: _____ Date: _____

AUTHORITY TO REPAIR/QUOTE VEHICLE

I _____ being the owner/agent of the owner, authorise _____
to prepare a quotation and repair the vehicle as detailed on this claim form.

Signature: _____ Witness: _____ Date: _____