



**Airlie**  
**SMASH REPAIRS**  
 Ph. 07 4946 6492  
 "INSURANCE RECOMMENDED REPAIRER"  
 3/8 William Murray Drive, Cannonvale QLD 4802

**ACCIDENT CHECKLIST**

**OTHER DRIVER'S DETAILS**

*Ensure details match licence details*

NAME:.....

STREET ADDRESS:.....

CITY:..... STATE:..... POSTCODE:.....

MOBILE:..... EMAIL:.....

DRIVER'S LICENCE NO:..... STATE OF ISSUE:..... DATE OF BIRTH:...../...../.....

IS THE DRIVER THE OWNER OF THE VEHICLE?  Yes  No

If 'No' Collect car owner details:

CAR OWNER NAME:..... CAR OWNER MOBILE:.....

RESIDENTIAL ADDRESS:.....

**OTHER CAR'S DETAILS**

REGISTRATION:..... VEHICLE MAKE:.....

VEHICLE MODEL:..... YEAR OF MANUFACTURE:.....

OWNER'S INSURANCE COMPANY:..... INSURANCE POLICY NUMBER:.....

TYPE OF INSURANCE COVER:  CTP  TPP  Comprehensive

*Please note any details of any additional vehicles that were involved in the accident*

**ACCIDENT DETAILS**

DATE OF ACCIDENT:...../...../..... TIME OF ACCIDENT:.....

ADDRESS OF ACCIDENT:.....

WITNESS NAME:..... WITNESS MOBILE:.....

DID POLICE ATTEND ACCIDENT? Yes No

If "Yes", POLICE OFFICER NAME:..... POLICE STATION:.....

NOTES:

*Include what happened, weather, light, position of cars and road markings:*

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**REMEMBER TO TAKE PHOTOS OF THEIR DRIVERS LICENCE, THEIR CAR, ACCIDENT SCENE AND DAMAGE TO YOUR VEHICLE.**



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