



TAXI ACCIDENT CLAIM FORM

Important Information

REMEMBER:

Photographs taken at the time of your accident speak volumes and can be the difference between success and disappointment.

Photograph the accident scene, damage to your vehicle and the other vehicle, the registration number of the other vehicle and the other person's drivers licence (front & back).

If you cannot take photographs, **check and double check all the details of the other driver, including their full name and date of birth.....Very Important!**

TAXI ACCIDENT CLAIM FORM

TAXI DETAILS:-

OWNER'S REGISTEREDNAME:

OWNER'S ADDRESS:
(ONLY IF THIS IS YOUR FIRST CLAIM WITH US)

CAB NO:REGO NO:.....

DRIVER DETAILS:-

NAME:

ADDRESS:.....

DRIVER'S LICENCE#:.....

CONTACT NUMBERS:

PARTY AT FAULT (PLEASE CIRCLE): TAXI OTHER

THE CLAIM:-

Total Cost of Damage Excluding GST:

Total Number of DAYS or SHIFTS lost while taxi being repaired:ShiftsDays

FURTHER INFORMATIONAND DOCUMENTS REQUIRED:-

ATTACH PHOTOGRAPHS OF DAMAGE, ACCIDENT SCENE AND OTHER PARTY LICENCE

ATTACH REPAIR QUOTE AND TAX INVOICE

ATTACH SCHEDULE OF TAKINGS (INCOME)FOR DAMAGED TAXI FOR THREE MONTHS
PRIOR TO ACCIDENT

ATTACH CURRENT REGISTRATION CERTIFICATE (OR AS AT THE TIME OF ACCIDENT)

ACCIDENT DETAILS:-

DATE OF ACCIDENT: TIME OF ACCIDENT:

PLACE OF ACCIDENT:.....

BRIEF DESCRIPTION OF ACCIDENT:

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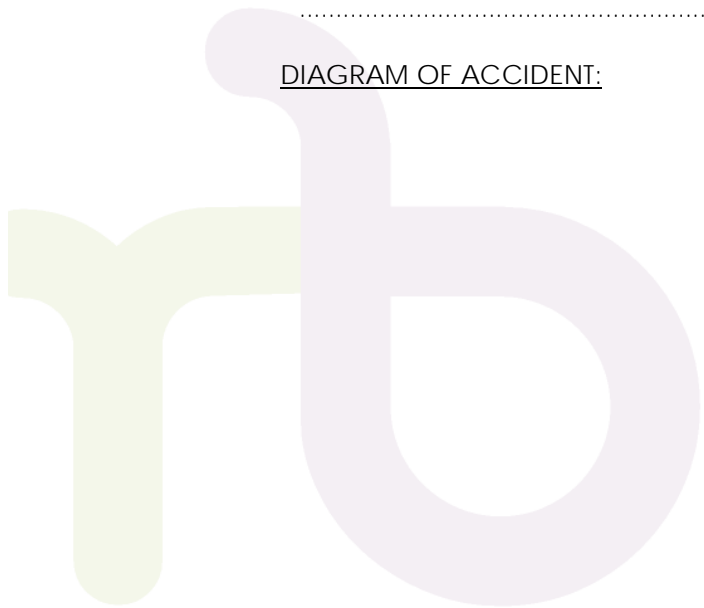
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DIAGRAM OF ACCIDENT:



OTHER PARTY DETAILS:- (Take a photo front and back of their driver's licence)

OTHER PARTY FULL NAME:

ADDRESS OF OTHER PARTY:

PHONE NUMBER/EMAIL OF OTHER PARTY:

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OTHER PARTY DRIVER'S LICENCE #:

OTHER PARTY DATE OF BIRTH:

REGO NUMBER & MAKE OF OTHER PARTY VEHICLE:

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OTHER PARTY INSURANCE COMPANY (IF ANY - PLEASE ASK):

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ANY OTHER RELEVANT INFORMATION (E.G OTHER DRIVER ADMITTED FAULT,
POLICE CALLED, OTHER DRIVER TO BE CHARGED, WITNESS NAME & CONTACT DETAILS):

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Now simply or scan & email to recoveries@rblawyers.com.au

Or fax this form/attachments to 07 3883 3711

We will now commence Recovery