



THE RIDESHARE CLUB

MOTOR VEHICLE ACCIDENT NOTIFICATION & CLAIM FORM

2/59 E Derrimut Cres, Derrimut, Vic,
3030

ABN: 58 639 287 439
Phone: (03) 904 24 777

Email:

admin@therideshareclub.com.au

Member Number		PLEASE TICK ONE		CLAIM <input type="checkbox"/>	NOTIFICATION ONLY <input type="checkbox"/>
MEMBER DETAILS					
Fleet		Registration		Kilometre's	
Make		Model		Month & Year	
Registered Owner Name:			Mobile:		
Address			Suburb:		
Email					
TAXI DRIVER DETAILS					
First Name			Surname		
Address			Suburb		
State		Postcode		DOB	/ /
Mobile				Home/Work	
Driver Email					
Licence Number		Expiry Date		Years Held	
Did the driver consumed any alcohol or taken any drugs in the 24 hours prior to the accident? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If YES, please provide details					
Did the driver undergo a breath test, breath analysis or blood test?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, what was the reading					
INCIDENT DETAILS					
Date	/ /	Day		Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Street Name	Suburb				
Nearest Crossroad					
Road Surface	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Loose <input type="checkbox"/>	Storm/Flood <input type="checkbox"/>	Number of vehicle/s
At the time of incident, the covered vehicle was			Moving <input type="checkbox"/>	Stationary <input type="checkbox"/>	Parked <input type="checkbox"/>
Traffic Controls	None <input type="checkbox"/>	Stop Sign <input type="checkbox"/>	Traffic Lights <input type="checkbox"/>	Roundabout <input type="checkbox"/>	Give Way <input type="checkbox"/> Merge <input type="checkbox"/>
Your Direction of Travel	North <input type="checkbox"/>	South <input type="checkbox"/>	East <input type="checkbox"/>	West <input type="checkbox"/>	

1. Google Map
2. Accident images
3. Your vehicle
4. Other vehicle

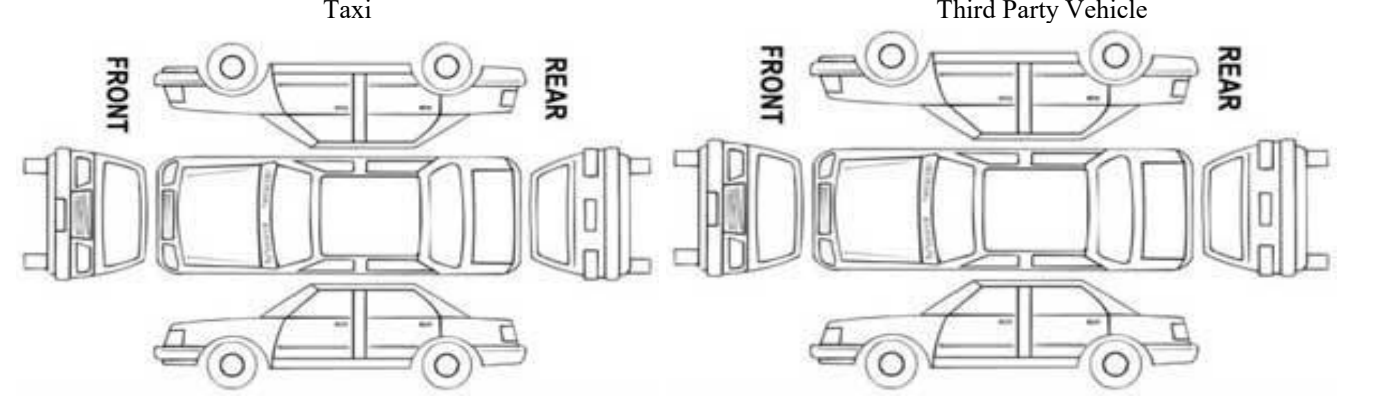
Accident drawing, please complete a diagram of the accident. Please include all street names, road markings, street signs, control signs and the direction each vehicle was travelling at the time of impact. If you need more room, please attached a separate sheet of paper.

ACCIDENT DESCRIPTION - Describe how the accident happened (if you need more space, attached a sheet of paper)

Estimate the speed of your vehicle: ____ km/hr	Estimate the speed of other vehicle: ____ km/hr

Was your vehicle towed Yes <input type="checkbox"/> No <input type="checkbox"/>	Towed by _____
Where is Taxi Now _____	Towed to _____

MARK DAMAGE TO TAXI AND THIRD PARTY VEHICLE



OTHER VEHICLE DETAILS

Registration number	Make & Model & Colour		
Driver First Name	Driver Surname		
Owner details			
Address	Suburb		
	Postcode	DOB	/ /
Mobile	Home/Work		
Email			
Insurance Company Details		Claim Number	

Is there any Passenger in taxi	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Passenger Name		
Passenger telephone number	Mobile		Home/Work		
Passenger Email					
Was anyone injured	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES provide details		
POLICE INFORMATION					
Did the police attend the accident	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Was the accident reported to the police	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Officer Name					
Station			QP Number		
WITNESS DETAILS			WITNESS 1		
Name					
Address					
Contact Number/s	Mobile		Home/Work		
DISCLAIMER					
DISCLAIMER -	DO YOU DECLARE THAT THE DETAILS YOU HAVE PROVIDED TO US ARE TRUE AND CORRECT AND NOT MISREPRESENTED IN ANYWAY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	TRC Inc. STAFF			DRIVER OF TAXI	
SIGNATURE					
PRINT NAME					
DATE					

CLAIM CHECKLIST

- DRIVER OVER THE AGE OF 21
- CLAIM FORM SIGNED AND DATED BY DRIVER
- COPY OF DRIVER LICENSE (FRONT & BACK) ATTACHED