

KENYON & AHMET
LAWYERS

<p>Full name of registered owner of the vehicle</p> <p>Unless you request otherwise, we will communicate with you generally by email</p>	<p>Mr/Mrs/Miss/Ms/Dr (please circle)</p> <p>First name (s) : Family Name:</p> <p>Address:</p> <p>Telephone (W): Telephone (H):</p> <p>Mobile: Email address:</p> <p>Occupation: Licence Number:</p> <p>Are you registered for GST? If so, what is your ABN?</p>							
<p>Driver of your vehicle</p>	<p>Title: Mr/Mrs/Miss/Ms/Dr (please circle) Name:</p> <p>Telephone: Address: DOB:</p> <p>Are you the owner of the vehicle? If not, what is your relationship to the owner?</p>							
<p>Your vehicle</p>	<p>Make: Model: Reg. No:</p> <p>Is your vehicle insured? Yes / No If yes, is your policy comprehensive / Third Party Property?</p> <p>Have you made a claim?</p> <p>Insurance company name:</p> <p>(a) Have you obtained quotations for repairs?</p> <p>(b) If so, who is your preferred repairer?</p> <p>(c) Details of pre-existing damage if any:</p> <p>(d) Will you be hiring another vehicle, or suffering any loss of income? Yes / No</p> <p>(e) What is your estimate of the pre-accident value (\$)?</p> <p>(f) Was the vehicle towed? Yes / No</p> <p>(g) Are there storage charges accruing? Yes / No</p> <p>(h) Where can the vehicle be inspected ?</p>							
<p>The Accident</p>	<table border="0"><tr><td>Date of accident: Time:</td><td rowspan="6"><div style="border: 1px solid black; padding: 5px;"><p>Draw a diagram of your accident</p></div></td></tr><tr><td>Location (road or street):</td></tr><tr><td>Suburb/Town:</td></tr><tr><td>Explain how the accident occurred:</td></tr><tr><td>At the time of the accident, the speed of your Vehicle kph Other vehicles speed: kph</td></tr><tr><td>Who in your opinion was responsible for the accident?</td></tr></table>	Date of accident: Time:	<div style="border: 1px solid black; padding: 5px;"><p>Draw a diagram of your accident</p></div>	Location (road or street):	Suburb/Town:	Explain how the accident occurred:	At the time of the accident, the speed of your Vehicle kph Other vehicles speed: kph	Who in your opinion was responsible for the accident?
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Damaged riding gear (for motorcycle accidents)	Particularize below items of your riding gear which was damaged or destroyed as a result of the collision: At what address may the damaged or destroyed riding gear items be inspected?
Other party details (it is most important that the details here are accurate – eg the full name or at least initials of the actual driver of the other vehicle)	Title: Mr/Mrs/Miss/Ms/Dr (please circle) Name: Address: Telephone No.: License No.: Approximate Age: Name and address of owner if not the same as driver: Make of vehicle: Model: Reg. No.: Detail damage to the other vehicle: Was the vehicle towed? Yes / No Is the vehicle insured? Yes / No If yes, which company? Claim number/policy number:
Injuries (Kenyon and Ahmet Lawyers do not act in personal injury claims)	Were you or any other person in your vehicle injured? Yes / No If so, would you like us to provide a referral to you to a specialist personal injury lawyer?
Police (the Law compels a report to the police if anyone involved was injured, proper details not fully exchanged or property owner not present)	Was the collision reported to the police? Yes / No If yes, details of police: If either driver has been charged provide details: Yes / No Was a breathalyzer test carried out? Yes / No If yes, result:
Witnesses & Passengers	Were there any passengers in your vehicle? Yes / No Were there any independent witnesses to the collision? Yes / No If yes, the names and addresses of the witness/witnesses:

I authorise **Kenyon & Ahmet Lawyers** of Suite 6, 150 Chestnut Street, Cremorne 3121, to contact me and discuss my motor vehicle collision

I agree to

- Refer any contact from the other party/insurers to **Kenyon & Ahmet Lawyers**
- Provide to my lawyers all reasonable assistance and co-operation in relation to these instructions.
- Notify Kenyon & Ahmet Lawyers of any change of address by me and confirm that should I fail to do so, they are entitled to consider themselves no longer bound by my instructions.

I acknowledge that **Kenyon & Ahmet Lawyers** are relying upon the information supplied by me as to the circumstances and particulars surrounding the collision.

Full Name and Signature..... Date:

Please preferably email to reception@ahmetlawyers.com.au

Or post/ hand deliver the completed form to our office at : Suite 6, 150 Chestnut Street, Richmond. 3121

Kenyon & Ahmet Lawyers

Telephone (61) (3) 8419 0400

Facsimile (61) (3) 9015 6426

Website www.kenyonandahmetlawyers.com.au

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