



NATIONAL CLAIMS COMMISSION

NATIONAL CLAIMS COMMISSION

ABN 53 689 521 015

Level 23, Tower 5/727 Collins St, Docklands VIC 3004

1800NFAULT (1800 63 28 58)

info@nationalclaimscommission.com.au

www.nationalclaimscommission.com.au

Your Vehicle Details

Rego Make Model Year

Owner Details

First Name Last Name DOB

License # EXP Street Address

Suburb Postcode State

Contact Number Email

Is the vehicle registered under a business? ☐ Is the business registered for GST? ☐

Business Name

Is your vehicle insured? ☐ Insurance Company Claim/Policy #

Do you have a preference of repairer? ☐ Repairer Repairer Phone

Driver Details

Was someone else driving your vehicle at the time of the incident? ☐ If so, please provide their details below

First Name Last Name DOB

License # EXP Street Address

Suburb Postcode State

Contact Number Email

Offending Vehicle Details

Rego Make Model Year

Owner Details

First Name Last Name DOB

License # EXP Street Address

Suburb Postcode State

Contact Number Email

Is their vehicle insured? ☐

Insurance Company Claim/Policy #

Driver Details

Was someone else driving their vehicle at the time of the incident? ☐ If so, please provide their details below

First Name Last Name DOB

License # EXP Street Address

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Witness Details

First Name	<input type="text"/>	Street Address	<input type="text"/>
Last Name	<input type="text"/>	Suburb	<input type="text"/>
Contact Number	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	State	<input type="text"/>

Accident Details

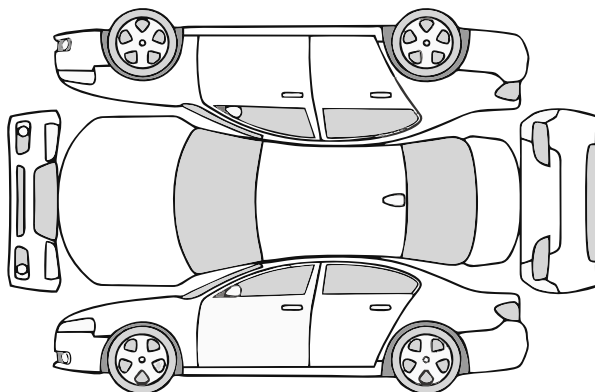
Date	<input type="text"/>	Time	<input type="text"/>	Place	<input type="text"/>
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Description

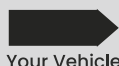
Was the incident reported to police?	<input type="text"/>	Police Station	<input type="text"/>
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Name of Police Officer	<input type="text"/>
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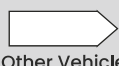
Your Vehicle's Damage Mark damaged areas of your vehicle



Accident Diagram Draw a diagram of the accident



Your Vehicle



Other Vehicle



Give Way Sign



Stop Sign



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NEXT STEPS FOR YOU

1. Before you sign this form contact us if you have any questions;
2. Complete the details on this form fully and truthfully. Provide as much information as possible;
3. Sign and return the form to us. Our address is on the first page;
4. Be prepared to provide us with a copy of the vehicle registration certificate and any other information about the collision
5. If you are comprehensively insured, lodge a claim form with your insurer marked "Report Only". This will protect your rights and will not affect your no claim bonus if a claim is not made;
6. Forward any messages or correspondence from the at-fault party or their insurer to us. Please avoid direct communication with them.

OUR NEXT STEPS

1. Have your vehicle inspected by qualified assessors - you don't need to gather any additional quotes;
2. We will file a claim against the at-fault party or their insurer. Once the funds are recovered, we will pay the repairer directly for the cost of the repairs.
3. All expenses and charges will be covered by the at-fault party or their insurance provider. The repairer will also contribute towards these costs.

APPOINTED AUTHORITY

I/We authorize National Claims Commission to act on my/our behalf in recovering the losses resulting from the collision as detailed in this form.

I/ We authorise National Claims Commission to:

- Take all necessary steps to pursue the recovery, including settling the claim-provided the settlement covers all costs related to the collision and releases me from any further liability to any party.
- Work directly with my referring repairer to negotiate a mutually acceptable repair cost in order to facilitate a settlement.
- Initiate legal proceedings (based on any necessary advice from National Claims Commission), provided that all associated costs are covered by my referring repairer and National Motor Claims.
- Make direct payments to your referring repairer and any other service providers (such as the assessor or rental vehicle provider) for any legitimate expenses incurred

I/ We have been made aware of section 60 of the GICOP.

Owner Signature

Date