



South Australia Compulsory Third Party (CTP) Accident Report Form

This form is to be completed by the driver, motor cyclist or registered owner, when a person is injured in a motor vehicle accident.

A separate form (Injury Claim Form) must be completed by any person injured in the accident.

This form may be lodged by:

Mailing to: Allianz Australia SA – CTP
GPO Box 2198
Adelaide SA 5001

OR

Faxing to: Allianz Australia SA – CTP
General Fax 1300 137 431
(cost of local call)

OR

Lodging
personally to: Allianz Australia SA – CTP
Ground Floor
89 Pirie Street
Adelaide SA 5000

If you have any queries, please call Allianz Australia SA – CTP Personal Injury Helpline on 1300 137 331 (cost of local call).

Accident Report Form – CTP Insurance

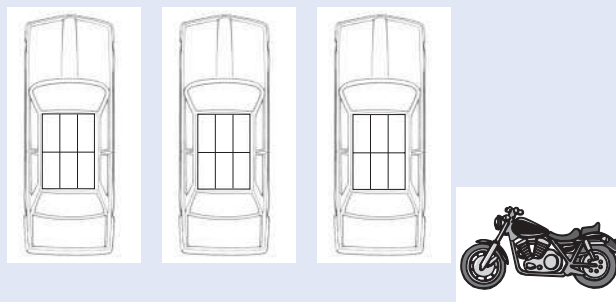


Claim Number

Accident details

- Date of accident** / /
Day of accident
- Time of accident** am / pm
- Place of accident** (streets, town or suburb)
 Postcode
- Nearest cross road**
- Description of the accident.** (Please continue on the back page if you need to include more information.)

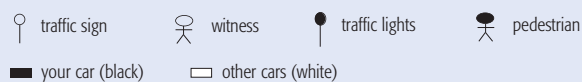
- Please mark with a **X** damage areas of the vehicle.
 Please mark with a **✓** where occupants of cars were seated (if known).



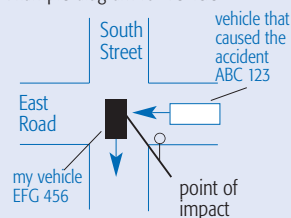
Registration No. (your vehicle)
 Registration No. vehicle no. 2
 Registration No. vehicle no. 3
 Registration No.

- Draw a diagram of the accident.** Include intersections, streets, roads and their names. Show the point of impact and position of all vehicles.

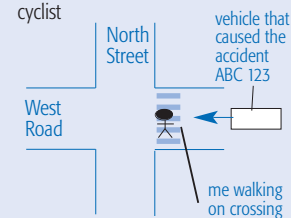
Symbols to use



Example diagram for vehicle



Example diagram for pedestrian/cyclist



- Road conditions** Mark the conditions which apply to your accident

Road surface	Wet	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Loose	<input type="checkbox"/>
Traffic conditions	Heavy	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Light	<input type="checkbox"/>
Weather conditions	Fine	<input type="checkbox"/>	Raining	<input type="checkbox"/>	Foggy	<input type="checkbox"/>
Traffic controls	None	<input type="checkbox"/>	Stop sign	<input type="checkbox"/>		
	Traffic light	<input type="checkbox"/>	Giveaway sign	<input type="checkbox"/>		
	Round about	<input type="checkbox"/>				

9. Was the accident your fault?

Yes
No
Partly

10. Estimated speed of vehicles

Prior to collision When collision occurred
Your vehicle kph kph
Other vehicle kph kph

11. Were vehicle lights on?

Your vehicle No Low beam High beam
Other vehicle No Low beam High beam

12. Were indicators operating?

Your vehicle Yes No
Other vehicle Yes No

13. Was your vehicle driveable after the accident?

Yes
No

14. Was your vehicle towed away?

Yes
No

15. Name of the repairer of your vehicle (Please attach a quote if you have one)

16. Name of the property damage insurer of your vehicle

17. Was the accident

Very minor? Moderate?
Minor? Severe?

18. Approximate cost of your repairs (if quote is not attached)

\$

Insured owner details

19. Title

Mr Ms Mrs Miss Other

20. Surname

21. Given names

22. Date of birth

/ /

23. Address

Postcode

24. Was the insured owner entitled to any input tax credits for the GST included in the CTP premium?

Yes
No

Driver details

25. Title

Mr Ms Mrs Miss Other

26. Surname

27. Given names

28. Date of birth

/ /

Country of birth

29. Language spoken at home

30. Do you require an interpreter?

Yes
No

31. Home Address (If overseas state country of residence)

Postcode

32. Postal Address (If overseas state country of residence)

Postcode

33. Telephone numbers

Home
()

Work
()

Mobile

34. Email address

35. Occupation

36. Place of Employment

37. Driver's licence number

State

Expiry date

/ /

Please attach a photocopy of your current licence

38. Was the vehicle driven with the owner's or employer's consent?

Yes
No

Please state reason

Not applicable

39. Were you holding a mobile phone at the time of the accident?

Yes

No

40. Were you wearing a seatbelt/helmet?

Yes

No Please state reason

41. Did you consume any alcohol, drugs or medication in the 12 hours prior to the accident?

Yes Please give details – how much, what and when

No

42. Was a breathalyser/blood test taken?

Yes Please give details of test results and attach certificate (if applicable)

No

Your vehicle details

43. Registration number State of Registration

44. Make or model of vehicle (e.g. Toyota Camry)

45. Type (e.g. station wagon, sedan, 4WD)

46. Year of manufacture Colour

47. Was the vehicle being used for business at the time of the accident?

Yes

No

Police details

48. Did the police come to the scene of the accident?

Yes

No

Unknown

49. Did you report the accident to the police?

Yes Police report number
Reported at which police station?

No

• All accidents resulting in injuries should be reported to the police.

50. Has any police action been taken against anyone?

Yes Against whom
Details of action taken

No Unknown

51. Were there any unusual circumstances in the accident? (eg alcohol, drugs, false details, faulty vehicle or unusual behaviour)

Yes Please provide details below

No Unknown

Second vehicle details

52. Registration number State of Registration

53. Make or model of vehicle (e.g. Toyota Camry)

54. Type (e.g. station wagon, sedan)

55. Year of manufacture Colour

56. Driver's name
Title
Mr Ms Mrs Miss Other

57. Driver's telephone number
()

58. Driver's address

 Postcode

Third vehicle details (if applicable)

59. Registration number State of Registration

60. Make or model of vehicle (e.g. Toyota Camry)

61. Type (e.g. station wagon, sedan)

62. Year of manufacture Colour

63. Driver's name
Title
Mr Ms Mrs Miss Other

64. Driver's telephone number

()

65. Driver's address

Postcode

Independent witness(es) details

66. Did any independent witness(es) see the accident?

Yes Please give details below

No Please go to Question 67

Witness 1

Witness surname

Witness given name

Witness address Postcode

Witness home telephone number ()

Witness work telephone number ()

Witness mobile telephone number

Witness 2

Witness surname

Witness given name

Witness address Postcode

Witness home telephone number ()

Witness work telephone number ()

Witness mobile telephone number

(Please continue on the back page if you need to include more information.)

Passenger details

67. Were you carrying passengers in your vehicle?

Yes Please give details below

No Please go to Question 68

Passenger 1.

Mr Ms Mrs Miss Other

Passenger surname

Passenger given name

Passenger address

Postcode

Passenger contact telephone number ()

Passenger mobile telephone number

Date of birth / /

Occupation

Was this passenger injured?

Yes Nature of injury

No

Was this injured passenger wearing a seatbelt/helmet at the time of the accident?

Yes No

Unknown Not Applicable

Passenger 2 (in your vehicle)

Mr Ms Mrs Miss Other

Passenger surname

Passenger given name

Passenger address Postcode

Passenger contact telephone number ()

Passenger mobile telephone number

Date of birth / /

Occupation

Was this passenger injured?

Yes Nature of injury

No

Was this injured passenger wearing a seatbelt/helmet at the time of the accident?

Yes No

Unknown Not Applicable

(Please continue on the back page if you need to include more information.)

68. Were there any passengers in the other vehicles?

Yes Please give details below

No Please go to Question 69

Unknown Please go to Question 69

How many in Vehicle 2? Vehicle 4?
Vehicle 3? Vehicle 5?

69. Was any person in the other vehicle(s) known to you?

Yes State name and relationship (eg friend, relative, etc)

No

70. Was anyone else in the accident injured?

Yes Please give details below of all persons sustaining injuries in this accident

No Please sign the Declaration next column

Name

Mr Ms Mrs Miss Other

Address

Postcode

Date of birth / /

Gender Male Female

Occupation

Nature of injury

Was the person wearing a seatbelt/helmet?

Yes

No

Was the person a:

Driver Motorcyclist Pedestrian

Passenger Pillion

What vehicle was the person travelling in?

Insured vehicle Other vehicle Not Applicable

(Please continue on the back page if you need to include more information.)

Name of person completing this form (if not the driver of the vehicle)

Address

Postcode

Declaration and Authority

The above is a true statement of the facts and matters relating to the happening in respect of which this report is made. I hereby authorise Allianz Australia Limited as claims manager for the Motor Accident Commission to settle or defend any claim or proceedings which may arise and to make any admission which in the Company's decision is necessary and this authority shall be deemed a warrant of authority for the Company's solicitors to act for me in connection with any claim or proceedings. I hereby authorise Allianz Australia Limited or the Nominal Defendant to obtain copies of any statements made by me to the Police Department of any State or Territory, and the Property Damage Claim Insurer.

I (full name) solemnly and sincerely declare that, to the best of my knowledge, the information given in this Accident Report Form is true and correct in every respect.

I authorise Allianz Australia Limited or any other agents, acting on behalf of Allianz Australia to contact and obtain information and documents relevant to the claim, from:

- any police department/State Forensic Centre pursuant to the Freedom of Information Act 1991 (SA)
- any property damage insurer.

I authorise Allianz Australia Limited or its representatives to recover from my vehicle any part(s) for examination in connection with any potential injury claim arising from this accident (Section 124 Motor Vehicles Act applies).

Signature of driver

Date

/ /

Full name of witness

Witness signature of driver's signature (any person over 18 years of age)

Insured owner's signature

Date

/ /

Return to: Allianz Australia Limited

GPO Box 2198
Adelaide SA 5001

NOTE: In the event of you being approached by the Other Party, or his/her Representative, do not admit liability in any way. Should you receive any communication, forward it to this office immediately without replying, quoting your registration number or claim number, if known.

Space used for further information – Accident details (eg drivers, witnesses and passengers)