

MOTOR VEHICLE CLAIM INSTRUCTIONS

ANN

Repairer: _____ Phone: _____

Your Vehicle Details:

Make, Model & Year: _____ Rego: _____

Insured? Yes/No _____ Company/Claim/Policy number: _____ Comprehensive Third Party

Owner Name: MR/MRS/MS _____

Owner Address: _____

Owner Contact: Home/Work _____ Mobile: _____

Email: _____ GST: Yes/No ABN: _____

Date of Birth: _____ License & Expiry Date: _____

Driver Name: MR/MRS/MS _____

Driver Address: _____

Driver Contact: Home/Work _____ Mobile: _____

Passenger Details: _____

Offending Vehicle Details:

Make, Model & Year: _____ Rego: _____

Insured? Yes/No _____ Company/Claim/Policy number: _____

Owner Name: MR/MRS/MS _____

Owner Address: _____

Owner Contact: Home/Work _____ Mobile: _____

Date of Birth: _____ License No: _____

Driver Name: MR/MRS/MS _____

Driver Address: _____

Driver Contact: Home/Work _____ Mobile: _____

Passenger Details: _____

Third Vehicle or Witness Details:

Make, Model & Year: _____ Rego: _____

Insured? Yes/No _____ Company/Claim/Policy number: _____

Name: MR/MRS/MS _____

Address: _____

Contact: Home/Work _____ Mobile: _____

Accident Details:

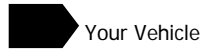
Date & time: _____ Place: _____

Description: _____

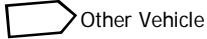
Police: Was matter reported to police? Yes/No _____

Police Station: _____ Name of Police Officer: _____

Diagram of Accident:



Your Vehicle



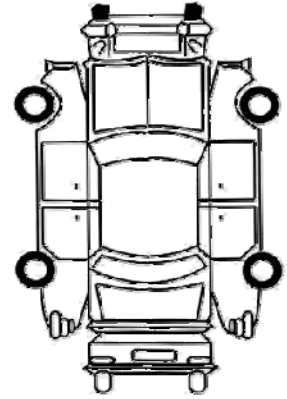
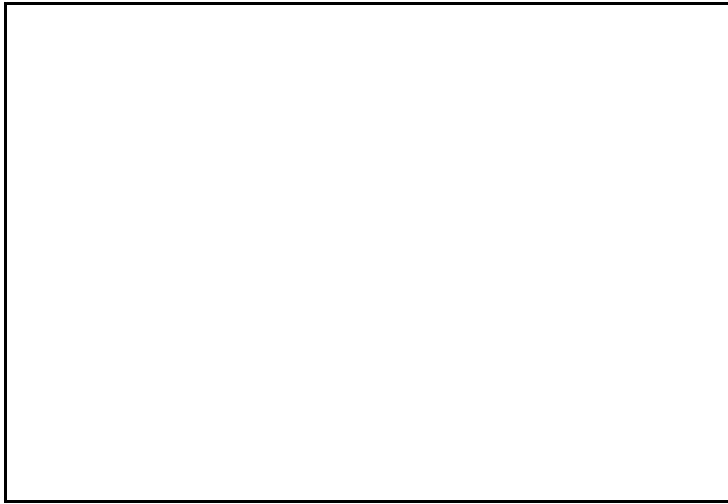
Other Vehicle



Stop Sign



Give Way Sign



Shade damaged areas of your vehicle

AUTHORITY TO STORE, QUOTE AND REPAIR VEHICLE

I, the Vehicle Owner shown above / Agent of the Vehicle Owner shown above, AUTHORISE

_____ to store, quote and repair the vehicle as detailed on this form.

(name of panel shop)

Dated: _____

Signature of Owner / Agent: _____

WHAT YOU SHOULD DO

- 1 Complete the details on this form fully and truthfully. Provide as much information as possible;
- 2 Sign and return the form to eCollect. Our address is on the front of this page;
- 3 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;
- 4 Refer any communications from the offending party / insurers to us. Do not communicate directly with these people;

WHAT WE WILL DO

- 1 Ensure that your vehicle is assessed by qualified assessors. There is no need for you to obtain any further quotes;
- 2 Make claim on the offending party or their insurers. Upon recovery of funds, we will pay the repairer directly for the repair;
- 3 All costs and charges will be paid by the offending party/insurance company. The repairer will also contribute to these costs and charges. **There will be no cost to you unless you deal directly with the offending party or their insurance company; withdraw your claim or decide not to authorise the repairer to repair the vehicle or the claim is defended.** If this occurs the charge to you will be based on the Magistrates Court Scale. You will be advised in writing and we will not proceed further until you agree.

E C Legal **Litigation Lawyers**

An Incorporated Legal Practitioner
ACN 050 271 684

AUTHORITY TO ACT

I / We authorise eCollect.com.au Pty Ltd and its recommended legal firm E C Legal Pty Ltd to act on my/our behalf to recover our losses

I appoint eCollect.com.au Pty Ltd as my / our agent for the purpose of:

- making all decisions and doing all things necessary for the conduct of the recovery action;
- instructing E C Legal solicitors to act including the commencement of legal proceedings
- Signing any document including documents settling the action and I / we provide my irrevocable power of attorney to eCollect.com.au Pty Ltd for this purpose;
- Receiving payments on my/our behalf into the eCollect.com.au P/L Trust Account and paying expenses properly incurred.

Dated: _____

Signature of Owner: _____