



Nationwide Management Solutions Pty Ltd t/as

NATIONWIDE CLAIMS MANAGEMENT

ABN: 42 651 067 435

admin@nmsco.com.au

MOTOR VEHICLE ACCIDENT REPORT

Reference No.: _____

Referrer:

Phone:

Your Vehicle Details

Year, Make & Model: Registration No:

Insured: ☐ Yes ☐ No Insurer: Registered for GST: ☐ Yes ☐ No ABN:

Owner Name: If company, ACN:

Owner Address:

Owner Contact: Email:

Date of Birth: Licence No.: State: Expiry:

Driver Name:

Driver Address:

Driver Contact: Email:

At Fault Vehicle Details

Year, Make & Model: Registration No:

Insurer: Claim No.:

Owner Name:

Owner Address:

Owner Contact: Email:

Date of Birth: Licence No.: State: Expiry:

Driver Name:

Driver Address:

Driver Contact: Email:

Witness Details

Name: Name:

Contact: Contact:

Accident Details

Date: Time: Location:

Details:

Was the matter reported to the police: ☐ Yes ☐ No Dated Reported:

Police Station: Name of Police Officer:

Diagram of Accident

Your Vehicle



Other Vehicles



Stop Sign



Give Way Sign



Nationwide Management Solutions Pty Ltd t/as Nationwide Claims Management—Authority to Act

Re: Motor Vehicle Collision on.....at.....("the collision")
being the Owner of vehicle registration no..... do hereby authorise Nationwide Management Solutions Pty Ltd t/as Nationwide Claims Management (ABN 42 651 067 435) to;

i. take all necessary legal action reasonably required to recover any and all losses arising from the collision including but not limited to;

Repairs ☐ Total Loss ☐ Hire Vehicle ☐ Loss of income ☐

ii. sign all letters of demand, consents, authorities and incidental documents required consistent with this authority.

iii. disclose to my repairer, third party insurer or insurer any confidential communication to the extent reasonable required and consistent with my instructions to act and waive my next right to privilege thereto.

- I acknowledge that I have been provided a rental vehicle on the basis that I am 'NOT AT FAULT'.
- I have been truthful and honest in disclosing all the relevant facts regarding this accident.
- I acknowledge this is not a courtesy/free car.
- I authorise Nationwide Management Solutions Pty Ltd t/as Nationwide Claims Management to provide a replacement vehicle while my vehicle is being repaired/replaced.
- As my travel needs can't be met by public transport, I need this car seven (7) days a week for travel relating to:
Employment/business ☐ Family ☐ Groceries and/or shopping ☐ Other ☐ _____
- I authorise Nationwide Management Solutions Pty Ltd t/as Nationwide Claims Management to recover the cost of this rental vehicle and cost of repairs/total loss payment along with any legal cost and, if necessary, appoint a law firm to act on my behalf to recover all costs associated with this rental.

I ALSO AUTHORISE ALL OUTSTANDING MONIES ARISING FROM THIS RENTAL VEHICLE/COST OF REPAIRS/TOTAL LOSS PAYMENTS TO BE PAID DIRECTLY TO NATIONWIDE MANAGEMENT SOLUTIONS PTY LTD t/as NATIONWIDE CLAIMS MANAGEMENT

Print Name: _____

Signature: _____

Date: _____