

5. INCIDENT AND RISK FEATURES (Tick all appropriate boxes)

Traffic Control	Road Feature	Agency Vehicle Usage	Weather Conditions	Road Surface
<input type="checkbox"/> No Sign or Control <input type="checkbox"/> Give Way Sign <input type="checkbox"/> Pedestrian Crossing <input type="checkbox"/> Rail Boom Gates <input type="checkbox"/> Rail Crossing Unguarded <input type="checkbox"/> Rail Flashing Lights Only <input type="checkbox"/> Rail Give Way <input type="checkbox"/> Rail Stop Sign <input type="checkbox"/> Road Works Controlled <input type="checkbox"/> School Crossing <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Other - Specify	<input type="checkbox"/> No Special Feature <input type="checkbox"/> Bridge <input type="checkbox"/> Car Park <input type="checkbox"/> Crossroad <input type="checkbox"/> Driveway <input type="checkbox"/> Median Opening <input type="checkbox"/> Multiple Intersection <input type="checkbox"/> Pedestrian Island <input type="checkbox"/> Railway Crossing <input type="checkbox"/> Roundabout <input type="checkbox"/> Slow Point (e.g. speed hump) <input type="checkbox"/> Subway/Tunnel <input type="checkbox"/> T Junction <input type="checkbox"/> Other - Specify	<input type="checkbox"/> Shared usage <input type="checkbox"/> Predominantly one driver <input type="checkbox"/> Exclusively one driver	<input type="checkbox"/> Clear <input type="checkbox"/> Fog/mist <input type="checkbox"/> Raining <input type="checkbox"/> Smoke, dust <input type="checkbox"/> Overcast <input type="checkbox"/> Sun Glare <input type="checkbox"/> Other - Specify	<input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Off Road <input type="checkbox"/> Combination Road Surfaces
		Road Condition	Injured Person(s)	Single Vehicle Collision
		<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Agency Driver <input type="checkbox"/> Agency Passenger(s) <input type="checkbox"/> Third Party Driver <input type="checkbox"/> Third Party Passenger(s) <input type="checkbox"/> Pedestrian(s) <input type="checkbox"/> No-one was injured <input type="checkbox"/> Other - Specify	<input type="checkbox"/> Struck pedestrian <input type="checkbox"/> Struck animal <input type="checkbox"/> Struck object <input type="checkbox"/> Overturned <input type="checkbox"/> Fall from moving vehicle
		Agency Vehicle Damage		Vehicle to Vehicle Collision
		<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Internal <input type="checkbox"/> Roof <input type="checkbox"/> Underside <input type="checkbox"/> Whole of Vehicle		<input type="checkbox"/> Turned into oncoming vehicle <input type="checkbox"/> Head on collision <input type="checkbox"/> Right angle collision <input type="checkbox"/> Rear end collision <input type="checkbox"/> Sideswiped - same direction <input type="checkbox"/> Collision with parked vehicle <input type="checkbox"/> Sideswiped - opposite direction <input type="checkbox"/> Collision with one vehicle reversing
Your Vehicle Ownership	Vehicle Lights on		Lighting	
<input type="checkbox"/> Agency <input type="checkbox"/> Private <input type="checkbox"/> Hire Vehicle	Agency Vehicle <input type="checkbox"/> Headlights <input type="checkbox"/> Park Lights <input type="checkbox"/> Interior	Other Vehicle(s) <input type="checkbox"/> Headlights <input type="checkbox"/> Park Lights <input type="checkbox"/> Interior	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or Dusk <input type="checkbox"/> Night	

6. AGENCY DRIVER DETAILS AND POLICE ACTION

Name Address

Phone Email address Occupation

Date of Birth / / Gender Male Female Employee Code

9. How long has the driver/person had experience with this type of vehicle? Years

10. How many years has the driver held a relevant Driver's Licence? Years

Provide Driver's Licence No Classes Expiry Date of Driver's Licence / /

11. Was the driver an Agency employee? Yes No If No, provide details

12. Was the driver tested for drugs or alcohol? Yes No If Yes, state results

13. Did Police attend the incident and take particulars? Yes No

14. Was the incident reported to the Police? Yes No If Yes, provide Crash Number

15. How many hours had the driver travelled in the 24 hours prior to the incident? hours

7. DETAILS OF OTHER VEHICLE/PROPERTY

Make Model Body Type Reg. No

Owner's name Owner's address

Driver's name Driver's address

Driver's Telephone Number If known, driver's date of birth / /

16. Is the driver known to you? Yes No If Yes, advise how

Describe the extent of damage to the vehicle and/or property:

17. Is this vehicle insured? Yes No

If insured, provide name of insurance company and Policy Number

8. WITNESS DETAILS (Not Passengers Known to You)

Name	Address	Daytime Contact Number
.....
.....

9. DRIVER'S DECLARATION

10. AGENCY AUTHORISATION

I declare that the details submitted are true and correct. Signature of driver or person last in charge of vehicle Date / /	Was the person driving the vehicle with your Agency's authorisation? Yes <input type="checkbox"/> No <input type="checkbox"/> I declare that I am the person authorised to lodge the claim against RiskCover on behalf of the above-mentioned Agency. Signature of person having authority Name Phone Position Date / /
---	---