

MOTOR VEHICLE ACCIDENT REPORT FORM

Version: 1.1
Contact: Registrar

Date of Issue: February 2017
Review Date: November 2019

INTRODUCTION:

This document has been developed to support staff in the event of a motor vehicle accident and provides appropriate steps on how to respond.

What to do in the event of a motor vehicle accident:

- Step 1:** Do not admit liability (under any circumstances)
- Step 2:** Exchange details with third (3rd) party. For example, inform the third (3rd) party that the vehicle you are driving is a Diocesan vehicle and give them the Registry Office telephone number, 03 5443 4711. Inform them to ask for the General Manager / Registrar when calling.
- Step 3:** Notify the police if anybody was injured or if there was property damage where the owner is not in attendance (such as a fence which is knocked down).
- Step 4:** Contact the General Manager / Registrar at the Registry Office to advise of motor vehicle accident and complete the following Accident Report Form. This form must be given to the General Manager / Registrar as soon as practicable via email registrar@bendigoanglican.org.au , or phone on 03 5443 4771, or after hours on 0429 263 888. Authorised drivers are also required to inform their immediate supervisor as soon as possible following a motor vehicle accident.
- Step 5:** If you require assistance or towing, phone the Roadside Assistance number provided in your vehicle, who will then be able to arrange towing of the vehicle.

ACCIDENT DETAILS

Date of Accident: _____ Time of Accident: _____ am / pm

Location / Address: _____

Road Conditions: Wet Dry Clear Raining
 Foggy Other: _____

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Motor Vehicle Accident Report Form

ANGLICAN DIOCESE OF BENDIGO DRIVER DETAILS

Name: _____

Address: _____ Postcode: _____

State: _____

Phone Number: _____ Licence No.: _____

Vehicle Details: Rego No.: _____ Make: _____ Model: _____

Driver's Signature: _____ Date.: _____

Driver's Date of birth: _____

OTHER DRIVER DETAILS

Name: _____

Address: _____ Postcode: _____

State: _____

Phone Number: _____ Licence No.: _____

Vehicle Details: Rego No.: _____ Make: _____ Model: _____

Name of the owners insurance company: _____

WITNESS 1 DETAILS (if applicable)

Name: _____

Address: _____ Postcode: _____

Phone number: _____

WITNESS 2 DETAILS (if applicable)

Name: _____

Address: _____ Postcode: _____

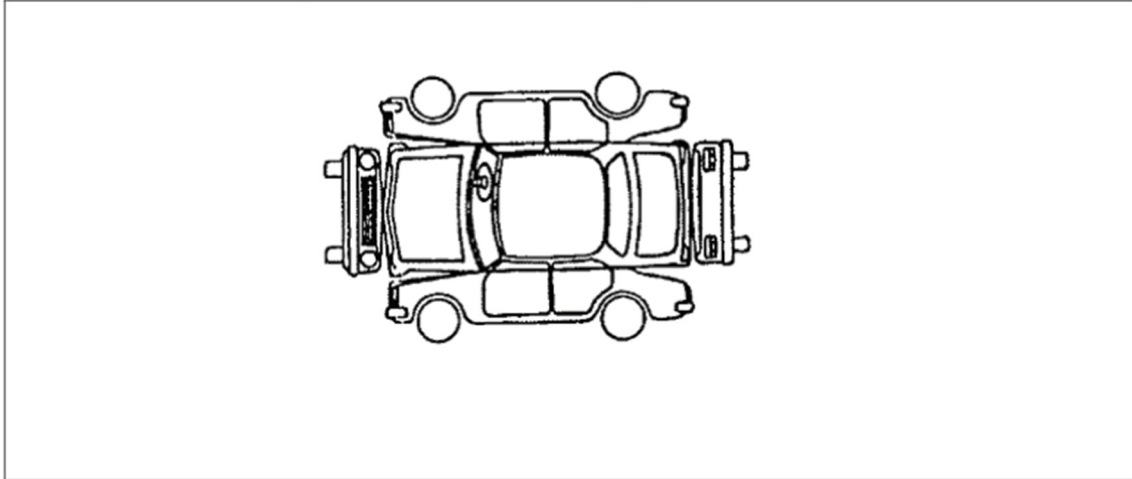
Phone number: _____

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DESCRIPTION OF ACCIDENT

Please indicate on the diagram below, the area of damage to the vehicle:



Please draw a diagram of the incident detailing the name of the streets, indicate the direction of travel and note your vehicle with an 'X' and the other vehicle involved with a 'Y':

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Please describe fully how the accident occurred and provide any additional information pertinent to the accident:

Please complete and return to:
General Manager / Registrar,
Registry office, P.O. Box 2, Bendigo VIC 3552
registrar@bendigoanglican.org.au
Fax: 03 5441 2173

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