

MOTOR VEHICLE CLAIM FORM

By completing this form, you are authorising RS Chase Lawyers to act on your behalf in relation to a motor vehicle collision.

If you have had an accident and you believe you are not at fault and/or the at-fault party's insurer is making your life difficult – RS Chase Lawyers can help you claim your full entitlement from the at-fault driver or their insurer that is fast, reliable and effective.

To ensure that you minimise the financial harm suffered as a result of a collision, we instruct independent loss assessors to determine the amount of damage you have suffered and whether your car is a write-off.

RS Chase Lawyers will also assess your entitlement to a hire car, loss of income, stamp duty, tow truck invoice, storage charges, and loss of personal items.

At RS Chase Lawyers, if you are not at fault, we try and ensure that you do not have out of pocket legal expenses (often, this is the case) – however, any legal expenses are kept to a minimum.

IF YOU WANT TO PROCEED WITH RS CHASE LAWYERS AND CLAIM YOUR FULL ENTITLEMENT, INSTRUCT US BY FILLING OUT THE FORM BELOW.

Please forward this Motor Vehicle Claim Form to our office by any of the following:

Email: info@rschase.com.au

Fax: 03 9481 4342

Post and hand delivery: 230 High Street PRESTON VIC 3070

If you have any queries, please call 03 9481 6464 to discuss.

I, (Full Name) _____ confirm I have read and understood the above and that RS Chase Lawyers are relying upon the instructions I have provided in this form.

Signature: _____




Date:

MOTOR VEHICLE CLAIM FORM

REPAIRER DETAILS	
NAME:	CONTACT NUMBER:
YOUR DETAILS	
OWNER'S FULL NAME: M F	DRIVER'S FULL NAME: M F
OWNER'S ADDRESS:	DRIVER'S ADDRESS:
OWNER'S DATE OF BIRTH:	DRIVER'S DATE OF BIRTH:
OWNER'S LICENCE NUMBER:	DRIVER'S LICENCE NUMBER:
OWNER'S MOBILE NUMBER:	DRIVER'S MOBILE NUMBER:
OWNER'S EMAIL ADDRESS:	DRIVER'S EMAIL ADDRESS:
VEHICLE DETAILS	
MAKE / MODEL / YEAR / COLOUR:	YOUR REGISTRATION:
REGISTERED FOR GST? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(please tick)</i>	
AT FAULT DETAILS	
OWNER'S FULL NAME:	DRIVER'S FULL NAME:
OWNER'S ADDRESS:	DRIVER'S ADDRESS:
OWNER'S MOBILE NUMBER:	DRIVER'S MOBILE NUMBER:
OWNER'S EMAIL ADDRESS:	DRIVER'S EMAIL ADDRESS:
OWNER'S DATE OF BIRTH:	DRIVER'S DATE OF BIRTH:
LICENCE NUMBER:	LICENCE NUMBER:
VEHICLE DETAILS	
MAKE / MODEL / YEAR / COLOUR:	AT FAULT REGISTRATION:
AT FAULT INSURER DETAILS	
INSURER:	CLAIM NUMBER:

VERSION AND DIAGRAM

KEY:

-  Your vehicle
-  At fault vehicle
-  Other vehicle(s)

BRIEF DESCRIPTION OF THE COLLISION:

ACCIDENT DETAILS

DATE OF ACCIDENT:	TIME:
LOCATION:	

INDEPENDENT WITNESS DETAILS		POLICE ATTENDANCE	
NAME:		REPORT ('T') NUMBER	
MOBILE NUMBER:		OFFICER NAME/NUMBER	
ADDRESS:		OFFICER STATION	

AUTHORITY

I, _____ (full name) hereby instruct RS Chase Lawyers to act on my behalf in relation to the collision described on this form including:

- Corresponding with relevant parties;
- Issuing and litigating proceedings;
- Signing settlement documents; and
- Instructing third parties, paying settlement funds to the repairer and/or your rideshare club as well as any other stakeholders and incurring and paying fees and disbursements on your behalf.

I acknowledge that RS Chase Lawyers is reliant upon the information supplied by me and that if I do not update my contact details, they may consider themselves no longer instructed by me.

Signed: _____

Date: _____