

Motor Vehicle Claim Instructions

AANDI | Lawyers

Level 3, Building 5, 658 Church Street, Richmond 3121 | A.C.N. 621 014 284
admin@aandi.com.au | www.aandilawyers.com.au | P: 03 9813 4290 | F: 03 9813 1423
Liability limited by a scheme approved under Professional Standards Legislation

Repairer:

Hire Car Provider:

Your Vehicle Details:

Make, Model & Year:	<input type="text"/>	Rego:	<input type="text"/>
Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company/Claim/Policy number:	<input type="text"/>
		Comprehensive	<input type="checkbox"/> Third Party <input type="checkbox"/>
Registered Owner Name:	<input type="text" value="MR/MRS/MS"/>		
Owner Address:	<input type="text"/>		
Owner Contact:	<input type="text" value="Home/Work"/>	Mobile	<input type="text"/>
Email:	<input type="text"/>	GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No ABN: <input type="text"/>
Date of Birth:	<input type="text"/>	License & Expiry Date:	<input type="text"/>
Driver Name:	<input type="text" value="MR/MRS/MS"/>		
Driver Address:	<input type="text"/>		
Driver Contact:	<input type="text" value="Home/Work"/>	Mobile	<input type="text"/>
Passenger Details:	<input type="text"/>		

Offending Driver's Details:

Make, Model & Year:	<input type="text"/>	Rego:	<input type="text"/>
Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company:	<input type="text"/>
		Claim/Policy number:	<input type="text"/>
Driver Name:	<input type="text" value="MR/MRS/MS"/>		
Driver Address:	<input type="text"/>		
Driver Contact:	<input type="text" value="Home/Work"/>	Mobile	<input type="text"/>
Date of Birth:	<input type="text"/>	License & Expiry Date:	<input type="text"/>
Owner Name:	<input type="text" value="MR/MRS/MS"/>		
Owner Address:	<input type="text"/>		
Owner Contact:	<input type="text" value="Home/Work"/>	Mobile	<input type="text"/>
Passenger Details:	<input type="text"/>		

Third Vehicle or Witness Details:

Make, Model & Year:	<input type="text"/>	Rego:	<input type="text"/>
Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company/Claim/Policy number:	<input type="text"/>
Name:	<input type="text" value="MR/MRS/MS"/>		
Address:	<input type="text"/>		
Contact:	<input type="text" value="Home/Work"/>	Mobile	<input type="text"/>

Accident Details:

Date:	<input type="text" value="(of Accident)"/>	Time:	<input type="text"/>	Accident Location:	<input type="text" value="(Suburb + Street)"/>
Description:	<input type="text"/>				
Police:	Was matter reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Police Station:	<input type="text"/>	Name of Police Officer:	<input type="text"/>		

A A N D I L A W Y E R S A U T H O R I T Y T O A C T

THIS AUTHORITY TO ACT IS A LEGALLY BINDING AGREEMENT (AND CAN BE AMENDED TO SUIT YOUR NEEDS).

YOU SHOULD READ THIS AGREEMENT BEFORE SIGNING IT. If you require specific advice about this agreement, please contact AANDI Lawyers by telephone on 03 9813 4290.

I, (Name)

of (Address)

as owner of motor vehicle registration number (Rego) (the vehicle)

which was damaged in a collision on (Date) (the collision)

appoint (Repairer) (the repairer)

to act on my behalf as follows:

1. I **AUTHORISE** the repairer to:
 - a prepare an estimate of repairs necessary to restore the vehicle to its condition prior to the collision (the repairs);
 - b engage a qualified motor vehicle loss assessor to inspect the vehicle and assess the reasonable cost of the repairs;
 - c perform the repairs in accordance with the assessment including subletting any part of the repairs to qualified repairers as necessary; and
 - d tow, drive and store the vehicle as necessary for the purposes of the estimation, assessment and performance of the repairs.
2. I **AUTHORISE** the repairer to pursue recovery of the cost of the repairs (including the assessment fee) together with any other losses I may suffer as a result of the collision (my claim) from the person responsible for the happening of the collision (the third party) and for that purpose to, my agent, instruct **AANDI Lawyers** to:
 - a deal direct with the third party and any insurer or other representative of the third party regarding recovery of my claim;
 - b commence and conduct legal proceedings in my name for recovery of my claim; and
 - c take such other steps as shall reasonably be necessary to recover my claim.
3. I **AUTHORISE** and DIRECT the third party and any insurer or other representative of the third party required to pay any monies in respect of my claim to pay any and all such monies to **AANDI Lawyers** whose receipt shall be a good discharge of the monies required to be paid.
4. I **AUTHORISE AANDI Lawyers** to apply any amounts recovered from the third party first to payment of any costs, including legal costs, incurred in pursuing my claim; and then payment to the cost of the repairs and assessment fee.
5. I agree to cooperate with **AANDI Lawyers** including signing necessary documents and attending Court if required.

Owner Signature _____ Witness Signature _____

Date _____

Diagram of Accident:



Your Vehicle



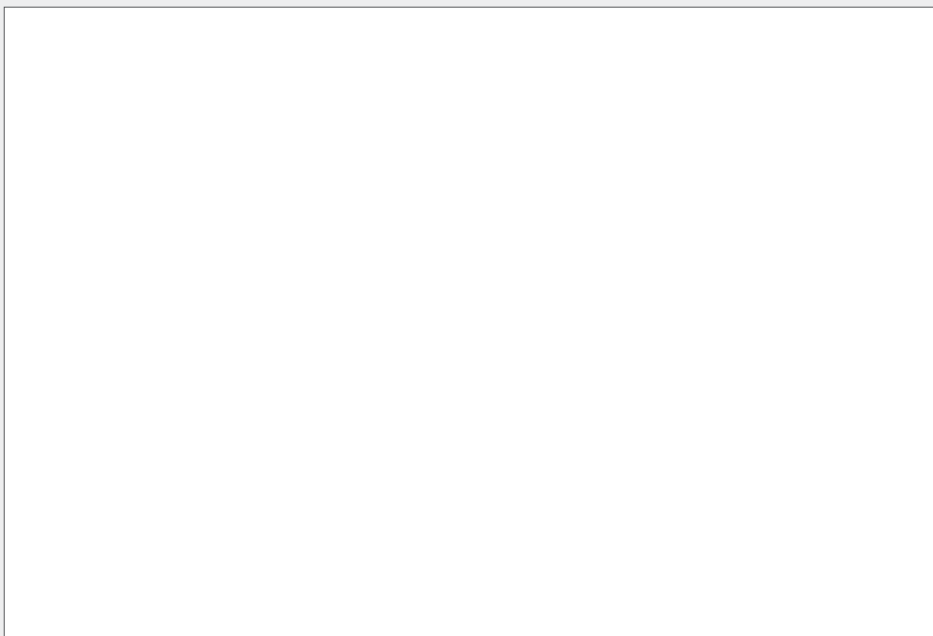
Other Vehicle



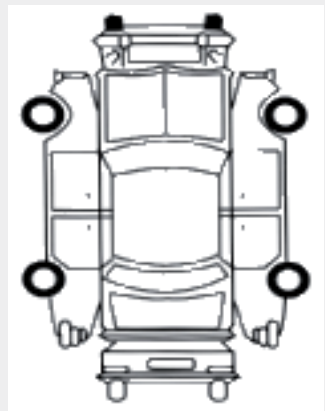
Stop Sign



Give Way Sign



FRONT



REAR

Shade damaged areas of your vehicle