

## Crash/Incident Claim

In the event of a crash/incident, it is your responsibility to:

1. Report all crashes/incidents in which someone is injured or killed, within **90 minutes of the crash**, to Police either at the scene or a Police station.  
*(Requirement under Section 43 of the Road Traffic Act and in Australian Road Rule 287).*
2. Report all theft or burglary to the **Police immediately within 24 hours**.
3. Complete this claim form within **24 hours** (or next working day) and send a scanned copy to [fleetsaaccidentclaims@sa.gov.au](mailto:fleetsaaccidentclaims@sa.gov.au).
4. Take the vehicle to a **Fleet SA nominated crash repairer** for assessment and repairs to be completed **within 30 days**.

Office use only	
Docket no.	
Agency code	

**Correspondence received from a third party** is to be forwarded to Fleet SA Accident Management by email at [fleetsaaccidentclaims@sa.gov.au](mailto:fleetsaaccidentclaims@sa.gov.au) or phone on 8226 7356 / 8226 7349.

A **confirmation** receipt of your claim will be emailed to you with instructions regarding the repair process. Please provide contact details below, including a telephone number that can be provided to the repairer.

Claim confirmation email		Claimant telephone	
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**All fields on this form are mandatory. If a question is not applicable, write N/A or unknown.**

### PART ONE – BACKGROUND DETAILS

#### 1. VEHICLES AND DRIVERS

##### a. Government vehicle (A)

Vehicle registration		Vehicle make / type	
Vehicle colour		Department	
Driver's first name		Driver's surname	
Driver's licence no.		Driver's age	
Telephone		Fax	
Email			
Direct manager's email			

##### b. Other vehicle (B) - third party

Vehicle registration		Vehicle make / type	
Vehicle colour		Driver's licence no.	
Owner's name		Owner's telephone no.	
Owner's Address			
Driver's name		Driver's telephone no.	
Driver's date of birth			
Driver's address			

**c. Other vehicle (C) - third party**

Vehicle registration		Vehicle make / type	
Vehicle colour		Driver's licence no.	
Owner's name		Owner's telephone no.	
Owner's Address			
Driver's name		Driver's telephone no.	
Driver's date of birth			
Driver's address			

**2. CRASH/INCIDENT**

Crash/incident date		Crash/incident time	
Was crash/incident reported to Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Police Station			
Police report no.		Date of police report	

**3. PASSENGERS****Government vehicle**

Name	Address

**Other vehicles**

Name	Address

**4. ANY OTHER WITNESSES**

Name		Telephone no.	
Address			

Name		Telephone no.	
Address			

**5. DETAILS OF PERSONS INJURED**

Name		Telephone no.	
Address			
Injuries			

Name		Telephone no.	
Address			
Injuries			

**PART TWO- DETAILS OF CRASH/INCIDENT****6. DAMAGE TO VEHICLES OR PROPERTY (Please describe)**

Government vehicle	
Other vehicle (B)	
Other vehicle (C)	
Property	

**7. LOCATION OF CRASH/INCIDENT**

Name of town, city or suburb	
Closest town (if not in built up area)	
Crash/incident occurred on (road name)	
At/near intersection with (road name)	

**8. CONDITIONS OF CRASH/INCIDENT****a. Speed**

	Vehicle A	Vehicle B	Vehicle C
Zone speed limit (km/h)			
Speed when driver realised crash likely			

**b. Road widths and lanes**

Width of roadway for traffic (m)		How many lanes in total?	
Were lanes marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**c. Conditions**

<b>Road type (tick one)</b>	<input type="checkbox"/> Concrete/bitumen	<input type="checkbox"/> Unsealed
<b>Road surface (tick one)</b>	<input type="checkbox"/> No defects <input type="checkbox"/> Loose material on surface <input type="checkbox"/> Road under construction	<input type="checkbox"/> Holes, deep ruts <input type="checkbox"/> Defective shoulders <input type="checkbox"/> Other:
<b>Road conditions (tick one)</b>	<input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Wet	<input type="checkbox"/> Muddy <input type="checkbox"/> Other:
<b>Weather (tick one)</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Hailing <input type="checkbox"/> Fog	<input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Other:
<b>Lighting (tick one)</b>	<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn	<input type="checkbox"/> Dark (street lighted) <input type="checkbox"/> Dark (street unlighted)

**c. DESCRIBE WHAT HAPPENED IN DETAIL (PLEASE PRINT CLEARLY)**

Please refer to vehicles and pedestrians by the same letters and numbers as shown on sketch overleaf. Refer to Government vehicle as vehicle A, and all third party vehicles as B, C, D etc.

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*Attach an extra sheet if more space is required*

**10. SKETCH OF CRASH/INCIDENT**

If a third party was involved in the crash or incident, a sketch is required. Please provide a detailed sketch of locality, showing road boundaries and movements of vehicles concerned.

**INSTRUCTIONS**

1. Show North by arrow.
2. Show Government vehicle as 'A'.
3. Letter each vehicle and show direction of travel by arrow.
4. Use solid line to show path of vehicle before crash.
5. Number each pedestrian.
6. Show distance and direction to landmarks and identify them by name.

<b>Signature of driver</b>		<b>Date</b> (dd/mm/yyyy)	/ /20
<b>Signature of manager</b>		<b>Date</b> (dd/mm/yyyy)	/ /20
<b>Title/position</b>			

**Note: This form must be signed, scanned and emailed to [fleetsaaccidentclaims@sa.gov.au](mailto:fleetsaaccidentclaims@sa.gov.au)**