

## Notification of Accident to Police

### FORM L

To be completed by claimant after notification of accident to Police.

#### Claimant's Personal Details

Date of Accident

Surname

Given Names

Home Address

  
  
  

State

Postcode

Postal Address  
(If same as above, write "as above")

  
  
  

State

Postcode

Contact Phone Numbers

Business

After Hours

Police Station Reported to:

Date Reported:

Officer's Name:

Officer's Number:

Report Number:

#### Declaration

I declare that the information provided in this form, to the best of my knowledge and belief, is true and correct.

Full Name (Please Print)

Signature

Dated