

**When to use this form** If you were the owner or driver of a vehicle involved in a motor accident, complete this form to notify the Motor Accidents Insurance Board of Tasmania (MAIB) of the accident circumstances.

## Things to note

- This form must be completed by the owner or driver of the vehicle involved in the motor accident. (If this person is unable to complete the form due to incapacity, it may be completed by an assisting person and that person's details will need to be provided at the end of this form.)
- If you were injured in, and/or received medical treatment as a result of a motor vehicle accident, you will also need to complete an **Application for Benefits (Form B)** to submit a claim.
- All motor accidents involving personal injury must be reported to the Police in accordance with the *Motor Accidents (Liabilities and Compensation) Act 1973*.

## Filling in this form

- Use a black or blue pen and print in BLOCK LETTERS.
- Where you see a box like this  **Go to 7** skip to the question number shown. You do not need to answer the questions in between.

## Need assistance?

**Call toll free:** 1800 006 224 Monday to Friday, between 8:30 am and 5:00 pm.  
To speak to us in languages other than English, call the Translating and Interpreting Services (TIS) on 13 14 50. **Note:** call charges may apply.

**Website:** [www.maib.tas.gov.au](http://www.maib.tas.gov.au)

**Email:** [info@maib.tas.gov.au](mailto:info@maib.tas.gov.au)

**Visit us:** Level 1, 33 George Street, Launceston

## Returning your form

Check you have answered all required questions and have signed and dated the form.  
Return your completed form:

- by email to: [info@maib.tas.gov.au](mailto:info@maib.tas.gov.au)
- by post to: **Motor Accidents Insurance Board**  
**Reply Paid 590**  
**Launceston TAS 7250**
- in person to: **Motor Accidents Insurance Board**  
**Level 1**  
**33 George Street**  
**Launceston**

## Information in languages other than English

### English

To speak to us in a language other than English, call the Translating and Interpreting Services (TIS) on 13 14 50. **Note:** call charges may apply.

### Chinese

欲使用英语外其它语言与我们沟通，请拨打13 14 50 翻译服务热线(TIS)转接。注：可能产生相关电话费。

### German

Um mit uns in einer anderen Sprache als Englisch zu sprechen, rufen Sie bitte den Übersetzungs- und Dolmetscherdienst (TIS) unter 13 14 50 an. **Hinweis:** Es können Gesprächsgebühren anfallen.

### Greek

Για να μας μιλήσετε σε γλώσσα άλλη εκτός της Αγγλικής, καλέστε την Υπηρεσία Μεταφραστών και Διερμηνέων (TIS) στο 13 14 50. Σημείωση: Μπορεί να ισχύσουν χρεώσεις κλήσεως.

### Italian

Se desiderate parlare con noi in una lingua diversa dall'inglese, chiamate il servizio di traduzione e interpretariato (TIS) al numero 13 14 50. Potrebbero essere applicati dei costi di chiamata.

### Nepali

हामी संग अंग्रेजी बाहेक अन्य भाषामा कुरा गर्नकोलागि, ट्रान्सलेटिङ्ग एण्ड इन्टरप्रेटिङ्ग सर्भिसिस (TIS) को १३ १४ ५० मा फोन गर्नुहोला। **टिप्पणी:** कलको पैसा लाग्न सक्नेछ।

## Vehicle details

- 1 Vehicle registration number
- 2 Australian State / Territory where the vehicle is registered (e.g. Tas)
- 3 Vehicle make (e.g. Toyota, Honda)
- 4 Model (e.g. Corolla, VRF800)
- 5 Body type (e.g. Sedan, wagon)
- 6 Colour

## Owner's details

- 7 Vehicle owner's name  
Mr  Mrs  Miss  Ms  Other   
Surname / Business name   
Given names
- 8 Date of birth
- 9 Gender Male  Female  Other
- 10 Home / Business address  
  
  
  
State Postcode  
Country (if not Australia)
- 11 Postal address (if same as home / business address, write 'As above')  
  
  
  
State Postcode  
Country (if not Australia)
- 12 Owner's contact details  
Daytime phone number   
Alternate phone number   
Email
- 13 Does the owner of the vehicle need a foreign language interpreter when dealing with us?  
No   
Yes  Preferred language

- 14 Was the owner of the vehicle also the driver of the vehicle at the time of the accident?

No

Yes  **Go to 22 Accident details**

## Driver's details

- 15 Driver's name  
Mr  Mrs  Miss  Ms  Other   
Surname   
Given names
- 16 Date of birth
- 17 Gender Male  Female  Other
- 18 Home address  
  
  
  
State Postcode  
Country if not Australia
- 19 Postal address (if same as home address, write 'As above')  
  
  
  
State Postcode  
Country if not Australia
- 20 Driver's contact details  
Daytime phone number   
Alternate phone number   
Email
- 21 Does the driver of the vehicle need a foreign language interpreter when dealing with us?  
No   
Yes  Preferred language



26 What was your vehicle being used for at the time of the accident (e.g. private, travel to employment, travel during employment)?

27 What was the estimated speed of your vehicle at the time of the accident?

km/hour

28 In your opinion, was anyone responsible for the accident?

No

Yes  Give reasons for your opinion and details of the person you believe is responsible

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29 Was there anyone else in, or on, your vehicle at the time of the accident?

No

Yes  Give details of all passengers. If you need more space attach a separate sheet.

Name and date of birth (if known)	Address and phone number (if known)	Was this person:	
		Injured? (Y or N)	Wearing a seat belt? (Y or N)
DOB      /      /	Phone		
DOB      /      /	Phone		
DOB      /      /	Phone		
DOB      /      /	Phone		
DOB      /      /	Phone		
DOB      /      /	Phone		
DOB      /      /	Phone		

**30** Were any other vehicles involved in the accident?

No

Yes  Give details. If you need more space attach a separate sheet.

Registration number	Driver's name	Driver's address and phone number (if known)
		Phone
		Phone
		Phone
		Phone
		Phone

**31** Was there anyone involved in the accident who was not in a vehicle at the time (e.g. cyclist, pedestrian)?

No

Yes  Give details. If you need more space attach a separate sheet.

Name	Address and phone number (if known)	Injured? (Y or N)	Type of road user (e.g. cyclist, pedestrian)
	Phone		
	Phone		

**32** Were there any independent witnesses to the accident?

No

Yes  Give details. If you need more space attach a separate sheet.

Name	Witness' address and phone number (if known)
	Phone
	Phone
	Phone

## Reporting the accident to Police

**Note:** All motor accidents involving personal injury must be reported to the Police in accordance with the *Motor Accidents (Liabilities and Compensation) Act 1973*.

**33** Was the accident reported to Police?

No  **Go to 40 Privacy notice**

Yes

**34** How was the accident reported to Police?

Police took details at the scene

At a police station  Date

By phone  Date

**35** Police Officer's name

**36** Police Officer's badge number

**37** Police Station

**38** Was a breathalyser or blood test conducted?

No

Yes  Give details of the results

  

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**39** Are you aware of any police action that has been taken, or is pending as a result of the accident?

No

Yes  Give details of the action taken or pending

  

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## Privacy notice

**40** The *Personal Information Protection Act 2004* (PIP Act) regulates the way in which Tasmanian public authorities deal with how personal information is collected, maintained, used and disclosed in the course of delivering services. The MAIB is the custodian of personal information collected by it and its collection, use and disclosure is governed by the PIP Act.

The MAIB's Personal Information Protection Policy sets out the principles that are applied by the MAIB in collecting and managing personal information.

A copy of the MAIB's Personal Information Protection Policy can be downloaded from the MAIB's website at <http://www.maib.tas.gov.au/privacy-of-information/> or you can arrange to have a copy posted to you by contacting the MAIB on toll free number **1800 006 224**.

## Declaration and Authority

**Note:** A clear photocopy or imagery reproduction of this authority is to be considered as valid as the original.

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

I **consent** to the Motor Accidents Insurance Board (MAIB) or its servants or agents:

- disclosing or using, whether generally or under any Personal Information Act, my personal information for the purposes of determining its obligations under the *Motor Accidents (Liabilities and Compensation) Act 1973*, and
- investigating the motor accident which occurred on or about the accident date stated.

I **authorise** the MAIB to obtain from the Motor Registry or its servants or agents any personal information required about me.

Signature of **vehicle owner**

Date

Signature of **vehicle driver** (if not the owner)

Date

**42** Was this form completed by someone on behalf of the vehicle owner or driver?

No

Yes  Give details of the person who completed the form

Surname

Given names

Home address

  

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State

Postcode

Country if not Australia

Daytime phone number

Relationship to the vehicle owner or driver (e.g. mother)

  

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Reason for completing on behalf of the owner or driver

  

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Signature

Date