

Queensland Compulsory Third Party Insurance (CTP)

Report of Traffic Incident to Police

for accidents occurring on and after 1st October 2000

Motor Accident Insurance Act 1994

Important Notes:

- Complete this report if (and only if) particulars have not been reported to the Queensland Police Service, i.e. you must confirm that the Queensland Police Service do not have a report of the accident before giving this form to the Queensland Police Service.
- The statement of facts contained in this report must be true, correct and complete.
- The completed report is to be lodged at the Police Station nearest the place where the accident occurred.

I. Injured Person

Surname/family name

Given names

Gender

Male Female

Date of birth

DD/MM/YYYY

Home address

Suburb/town

State

Postcode

Telephone

Residential ()

Work ()

Mobile

State the general nature of the personal injury suffered by you

2. Accident

Date and time of accident

DD/MM/YYYY

Day

Time

:

AM PM

HH:MM

Place of accident – include name of nearest cross road or property number

Street/H'wy

Suburb/town/shire/area

At or near intersection with

If near, distance from that intersection

If no intersection in vicinity, name nearest feature such as a house number, light pole number or bridge

Direction from nearest intersection or feature (example North, South, East or West)

(Continued overleaf)

MAIC Form F3V5 Jun 2016

Identify all motor vehicles involved in the accident (as far as known to you).
 If more than 3 vehicles, please provide the additional information on a separate page and attach to this form.

Vehicle 1 (Vehicle 1 is the one considered the "Most At Fault" vehicle).

Registration number	State	Make (e.g. Ford)	Body type (e.g. Sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver/rider

Name		Address	
Suburb/town	State	Postcode	Telephone No. ()

Vehicle 2

Registration number	State	Make (e.g. Ford)	Body type (e.g. Sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver/rider

Name		Address	
Suburb/town	State	Postcode	Telephone No. ()

Vehicle 3

Registration number	State	Make (e.g. Ford)	Body type (e.g. Sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver/rider

Name		Address	
Suburb/town	State	Postcode	Telephone No. ()

What was your part in the accident?

<input type="checkbox"/> Driver	<input type="checkbox"/> Rider	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cyclist	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other:
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If you were in or on a vehicle, what was its registration number and the state that it is registered in?

Reg no.	State
<input type="text"/>	<input type="text"/>

Explain **briefly** how the accident occurred.

3. Other injured persons

State the names and addresses of all other persons injured in the accident (as far as known to you).

1. Name			2. Name		
Address			Address		
Suburb/town	State	Postcode	Suburb/town	State	Postcode
Telephone No. ()			Telephone No. ()		

4. Witnesses

State the names and residential addresses of all persons who witnessed the accident (as far as known to you).

1. Name			2. Name		
Address			Address		
Suburb/town	State	Postcode	Suburb/town	State	Postcode
Telephone No. ()			Telephone No. ()		

(Continued overleaf)

5. Declaration

Protection of Privacy

Use, collection and disclosure of information by the Queensland Police Service

- Please note that the information collected by this Report of Traffic Incident to Police form is used by the Queensland Police Service (QPS).
- When the QPS receives your Report of Traffic Incident to Police form, your details become accessible to staff, and may be recorded.
- The information may be used to assist in performing the statutory functions and responsibilities of the QPS.
- The QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the *Information Privacy Act 2009*.

Use, collection and disclosure of information by the Queensland Compulsory Third Party Scheme

- The information collected by this Report of Traffic Incident to Police form, and throughout the course of your claim, is collected in accordance with the *Motor Accident Insurance Act 1994* and *Motor Accident Insurance Regulation 2004*.
- The information is collected so as to encourage the speedy resolution of personal injury claims resulting from motor vehicle accidents, and to help the administration of the statutory insurance scheme and the detection of fraud.
- The information collected by this Report of Traffic Incident to Police form, and throughout the course of your claim, may be disclosed in accordance with the *Motor Accident Insurance Act 1994* and *Motor Accident Insurance Regulation 2004* to such bodies as the Motor Accident Insurance Commission, the Nominal Defendant, and other insurers or parties involved in the assessment of your claim.
- Failure to provide all or part of the information may delay or prevent the assessment of your claim.
- You are able to gain access to the personal information held as provided by the *Privacy Act 1988* (C'th), or if the information is held by the Queensland Government you are able to gain access to the information as provided by the *Information Privacy Act 2009*.

Under Section 87U of the Motor Accident Insurance Act 1994 a person can be fined up to \$17,670.00 or be imprisoned for up to one(1) year for knowingly providing false, misleading or incomplete particulars in this form. Therefore, all the information given in this Report of Traffic Incident to Police form must be true, correct and complete.

I understand this declaration and authorisation and I declare that to the best of my knowledge and belief the statements of fact contained in this Report of Traffic Incident to Police form (including the attached pages) are true, correct and complete in every respect.

Signature of Injured Person

Date

DD/MM/YYYY

† Signature of Agent (if Injured Person is unable to sign)

Date

DD/MM/YYYY

Witness of signature

I am over the age of 18 years and certify that the person/agent signing this form is known to me by the stated name on this form and I have witnessed their signing of this form.

Signature of Witness

Date

DD/MM/YYYY

Place

Surname/family name of Witness

Given names of Witness

Address of Witness

Suburb/town

State

Postcode

Telephone

† Agent of Injured Person

If another person signs on behalf of Injured Person:

Surname/family name of Agent

Given names of Agent

Address of Agent

Suburb/town

State

Postcode

Telephone

Relationship to the
Injured Person

Reason why Injured
Person could not sign