

## QUEENSLAND COMPULSORY THIRD PARTY (CTP) INSURANCE

# Report of Traffic Incident to Police

## Motor Accident Insurance Act 1994

### **Important Notes**

- Complete this report if (and only if) particulars have not been given to an officer of the Queensland Police Service (QPS). You must confirm that the QPS do not have a report of the accident before giving this form to a police officer.
- The statement of facts contained in this form must be true, correct and complete.
- The completed report is to be lodged at a police station.
- It is preferred that this form is typewritten.

## 1. Injured person

Surname/family name	Given na	me/s	
Gender Date of birth		Best contact numb	er
/	/		
Home address	Λ.		
		Street type	
Suburb/town		State	Postcode
Email address			
Medical treatment required			
☐ Hospital – admitted ☐ Hospital – medical treatment or	nly/not adr	mitted 🗌 First aid o	no treatment
State the general nature of the personal injury suffered by you			
2. Accident			
Date of accident Time of accident			
/ / : \( \text{AM} \( \text{PM} \)			
DD/MM/YYYY HH:MM			
Place of accident – include name of nearest cross road or pr	operty nur		
		Street type	
Suburb/town		State	Postcode
		rsection in vicinity, no	
Nearest intersection	(e.g. hou	se number, light pole	number or bridge)
Distance from that intersection or feature	Direction	from nearest intersec	tion or feature (e.g. north)

<sup>▶</sup> I declare that all information contained within this Report of Traffic Incident to Police form is true, correct and complete. **Initial of claimant** 

Road surface (e.g. sealed/unsealed)		Road co	nditions (e	e.g. wet, dry	y, slippery)
Lighting conditions (e.g. dark/light, stree	et lighting, lit/unlit)	Atmosph	neric cond	itions (e.g.	clear, foggy)
	grand, and an analy				,
Direction of travel (e.g. north)		Speed limit (e.g. 60km/h)			
Identify all motor vehicles involved in t If more than 3 vehicles, please provide				e page and	attach to this form.
Vehicle 1 (Vehicle 1 is the vehicle cons	idered most respons	sible for ca	using the	accident)	
Registration number	State			Make (e.	g. Toyota)
Model (e.g. Camry)	Body type (e.g. see	dan)		Colour	
Driver/rider					
Name			Contact	no.	
Address			Street ty	pe	
Suburb/town			State		Postcode
Driver licence number			Date of b	irth	1 1
Vehicle 2 Registration number	State			Make (e.	g. Toyota)
Model (e.g. Camry)	Body type (e.g. see	dan)		Colour	
Driver/rider					
Name			Contact	no.	
Address			Street ty	pe	
Suburb/town			State		Postcode
Driver licence number			Date of b	irth	1 1
Vehicle 3					DD/MM/YYYY
Registration number	State			Make (e.	g. Toyota)
Model (e.g. Camry)	Body type (e.g. see	dan)		Colour	
Driver/rider					
Name			Contact	no.	
Address			Street ty	pe	
Suburb/town			State		Postcode
Driver licence number			Date of b	irth	1 1
		<u> </u>			DD/MM/YYYY

I declare that all information contained within this Report of Traffic Incident to Police form is true, correct and complete.

Initial of claimant

O Motor Accident Insurance Commission 2019. Reproduction prohibited, other than saving this form electronically, printing or photocopying it for the purpose of making a claim.

MAIC Form F3 V7 May 2020

What was your role in the accident?		
☐ Driver/rider ☐ Passenger/pillion ☐ Cyclist ☐ Pedestrian	☐ Other, please spe	cify:
If your role required the use of a seatbelt or helmet, were you wearing	one? 🗆 Yes 🗆 No	l
If you were in or on a vehicle, what was its registration number and th	e State that it is regist	tered in?
Vehicle registration number Sta	ate	
If you were in or on a vehicle, how many occupants, including the drive	er, were in or on that v	ehicle?
What was your seating position in or on the vehicle? (e.g. front right, p	oillion)	
Was the vehicle you were in fitted with an airbag? $\square$ Yes $\square$ No	yes, was the airbag de	eployed? □Yes □No
Explain <b>briefly</b> how the accident occurred. If you have photographs or diagrams that you wish to include, please this form.	provide them on a sep	parate page and attach to
3. Other injured persons		
If more than 2 injured persons, please provide additional information	on a conarato nago a	nd attach to this form
State the names and addresses of all other persons injured in the acc	, , ,	
Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode
Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode
/ Witnesses		
4. Witnesses		
If more than 2 witnesses, please provide additional information on a State the names and residential addresses of all persons who witness		
		r as known to you).
Name	Contact no.	
Address Suburb /town	Street type	Doctordo
Suburb/town	State	Postcode
Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode

### 5. Declaration

## Protection of privacy

### Use, collection and disclosure of information by the Queensland Police Service (QPS)

Please note that the information collected by this Report of Traffic Incident to Police form is used by the QPS.

- When the QPS receive 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 (CTP) insurance 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 2018*.
- 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 the *Motor Accident Insurance Regulation 2018* to such entities as the Motor Accident Insurance Commission, the Nominal Defendant, and other insurers or parties involved in 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 150 penalty units (which, as at 1 July 2019, is \$20,017.50) or imprisoned for up to one (1) year for knowingly providing false or misleading statements and/or documents in and with this form and in connection with the claim generally. Refer to the *Penalties and Sentences Act 1992* (Qld) for the value of a penalty unit.

I understand this declaration 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				
		/ /			
Signature of agent (if injured person is unable to sign)	Date	DD/MM/YYYY	,		
		/ /			
Witness of signature		DD/MM/YYYY	1		
I am over the age of 18 years and certify that the person/a this form and I have witnessed their signing of this form.	gent signing	this form is known	n to me by t	he stated name	
Signature of witness	Place		Date	e	
				/ /	
Surname/family name of witness	Given na	ame/s of witness		DD/MM/YYYY	
Address of witness					
		Street type			
Suburb/town		State	Postc	ode	
Agent of injured person – if another person signs on beha	alf of the injui	red person			
Surname/family name of agent	Given na	ame/s of agent			
Address of agent					
		Street type			
Suburb/town		State	Postc	ode	
Best contact number Email address					
Relationship to the injured person Details of injured person's legal incapacit			pacity		
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