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Quality
Endorsement
Company

ISO9001
Lic 10873
SAI Global

Introduction letter of your obligations to this recovery process: Agreement between client and Auto Care Claims & Consulting in amalgamation with L.P Body Works P/L.

Dear Client,

We thank you for engaging L.P Body Works to repair your vehicle and appreciate the trust and responsibility you have given us to return your vehicle to its pre-accident condition.

We confirm that the damages to your vehicle are to be recovered from the "at fault" party and/or that of the "at fault's" Insurer, and that it may be necessary for lawyers to be instructed to take the necessary action to recover the costs.

We confirm that we will fully indemnify you for all reasonable costs whatsoever should it become necessary for legal action to be taken. This will include the legal costs of the 'at fault' party in the unlikely event that legal action is unsuccessful.

Please understand that, although you may not be required to pay for any of these costs upon completion of your vehicle repairs, you are ultimately liable.

However, our arrangement with you and the indemnity for any reasonable costs is given to us in good faith and on the basis that all information provided to us, by you, is true and correct in every particular. For example: if it is discovered that you have not provided all of the facts in an honest manner, if you have entered into discussion with the 'at fault' party, and/or their insurer, this may hinder our process. We ask strongly not to make any comment, but simply refer all inquiries to our office.

Therefore, L.P Body Works P/L hereby indemnify and hold indemnified any client referred to Battley & Co. Lawyers for any legal costs incurred by Battley & Co. In relation to action taken by them for recovery of amounts due and owing to L.P Body Works P/L.

It is L.P Body Works duty and procedure to facilitate an independent and unbiased process to the costs of repairing your vehicle and forward all relevant documents as proof of loss to the 'at fault' party and/or their insurer.

The independence of this procedure will enable L.P Body Works to reinstate your vehicle in a professional manner, protect the safety and re-sale value without the potential threat, intimidation and harassment of the 'at fault' party, and/or their insurance company.

If your vehicle is registered under an A.B.N, you will be liable to pay the G.S.T component of all relevant costs to this claim.

L.P Body Works has agreed to provide you with a line of credit for repairs, parts, hire car (when needed), assessment fees and other costs that may be incurred for the duration of settlement from the 'at fault' party and/or their insurer.

Should you receive any **payment directly**, you will be required to forward the amount to our office without delay.

Client Signature: **Dated:**

Printed Name:

For and behalf of L.P Body Works:



Auto Care Claims & Consulting

Motor Vehicle Accident Report Form

Owner's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Full Name / Company:

Occupation or Business:

Address:

P/Code:

Ph Home:

Work:

Mobile:

Fax:

Email:

ABN / ACN:

Driver's Particulars (PLEASE COMPLETE IN BLOCK LETTERS) if same write in "as above"

Mr / Mrs / Ms Surname:

Other Names:

Address:

P/Code:

Ph Home:

Ph Work:

Mobile:

D.O.B:

Occupation:

Year Licenced:

Licence No.:

Expiry Date:

State of issue:

Licence Type:

Relationship to Owner:

Was vehicle used with owners consent? Y N

Your Vehicle

Year of Manufacture:

Make:

Model:

Body Type:

Colour:

Registration No.:

Manual / Automatic:

Your Insurance Details

Name of your insurance company:

Policy No.:

Policy Type (✓) Comprehensive 3rd Party

Is this Vehicle Financed? Y N If Yes, Contract No.

Name of Finance Company:

Agreement Type:

Accident Details

Date: _____ Time: _____

Location: _____

Weather Conditions: Wet Dry Foggy Sunny Overcast Other

Speed Allowed: _____ Km/ph Speed of Your Vehicle? _____ Km/ph Speed of other Vehicle? _____ Km/ph

What warning was given by you (Horn or Other): _____

Road Conditions (Sealed, Gravel, Dirt or Other): _____

Who do you consider is at Fault? _____

Give Reason: _____

Did anyone Admit Fault? If Yes, Who? _____

Accident Description (PLEASE COMPLETE IN BLOCK LETTERS) to be completed by driver

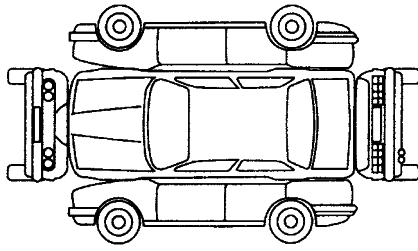
State Conversation with other Drivers, Witnesses or Others: _____

Was your Vehicle Driveable? Y N If No, Name of Towing Company: _____

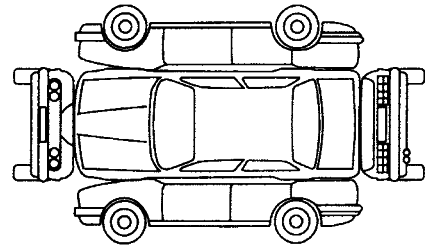
Location of Vehicle: _____

Vehicle Damage (Mark all damaged areas with an X)

Your Vehicle



Other Vehicle



Plan (Please sketch scene of accident and show all traffic lights, stop & giveaway signs)

Indicate as Follows:

Street / Intersection 


Pedestrian 

Curved Street 

Your Vehicle 

Other Vehicle (Direction of Traffic shown by Arrow) 

Indicate Traffic Control Signs e.g STOP (Sign) 

Indicate direction of North by Arrow 

Particulars Of All Passengers In Your Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name:	Age:	Sex M / F	Phone:
Address:			P/Code:
Name:	Age:	Sex M / F	Phone:
Address:			P/Code:
Name:	Age:	Sex M / F	Phone:
Address:			P/Code:
Name:	Age:	Sex M / F	Phone:
Address:			P/Code:
Name:	Age:	Sex M / F	Phone:
Address:			P/Code:

Did the Police Attend? Y N

If No, Was the Accident Reported to the Police? Y N

If Yes, which Police Station?

Date Reported: / /

Name Of Attending Police Officer:

Police No.

Did Police Charge Anyone? If Yes, Who?

Nature of Charge:

Did you consume any Alcohol or take any Drugs 12 hours prior to the Accident? Y N

Did you undergo a Breath or Blood Test Analysis? Y N If Yes, What was the Result?

Do you use Your Motor Vehicle for Business Purposes? Y N

Do you require a Hire Car? Y N

Can you provide evidence in support of the need for a substitute Motor Vehicle?

(e.g. Tax records, letters from employment or Accountant) Y N

OTHER VEHICLES

Vehicle 1

Name:

D.O.B / /

Phone No.:

Mobile:

Address:

P/Code:

Licence No.:

Name of Registered Owner:

Address:

P/Code:

Phone No.:

Registration No.:

Make of Vehicle:

Model:

Name of Insurance Company:

Policy No.:

Claim No.:

Vehicle 2 - If applicable

Name:	Registration No.
Phone No.	Mobile:
Address:	
P/Code:	

Vehicle 3 - If applicable

Name:	Registration No.
Phone No.	Mobile:
Address:	
P/Code:	

Witness 1 - If applicable

Name:	Phone No.
Viewed Accident From:	
Address:	
P/Code:	

Witness 2 - If applicable

Name:	Phone No.
Viewed Accident From:	
Address:	
P/Code:	

Declaration

I declare the aforementioned to be true and correct:

Signature of Driver:	Signature of Owner:
Date:	Date:

Authority To Act

I. (Name & Surname)

of (Address)

Being the owner / driver of (make & model)

Registration Number

Reference

Hereby authorise and agree to the following conditions for Auto Care Claims & Consulting Pty Ltd in amalgamation with LP Body Works P/L to represent my interest.

- a. Tow or drive my damaged vehicle as necessary for storage, assessment of damage and/or repairs.
- b. Prepare and submit estimate for repairs
- c. Retain my vehicle until repairs have been completed and paid for.
- d. Authorise repairs to be carried out by qualified repairers.
- e. If necessary, I hereby authorise Auto Care Claims & Consulting Pty Ltd (ACCC) to act on my behalf in relation to the recovery of damages caused to my vehicle and any other associated costs from the at fault party's insurer. I also authorise ACCC to appoint Battley & Co. Lawyers to represent me to recover those losses should that become necessary. My authority is approved on the basis that I am not liable for payment of any fees to ACCC or Battley & Co.
- f. I also authorise ACCC and/or Battley & Co. to pay LP Body Works Pty Ltd the cost of repairs to my vehicle and any other associated costs once those amounts are recovered from the at fault party's insurer.
- g. Commence legal proceedings in my name to recover the cost of repairs and/or loss and damage to my vehicle, and any other losses including hire car costs and/or of income, for this purpose I authorise lawyers to be instructed to take whatever action is reasonably necessary to recover my loss and damage.
- h. I appoint you my legal representative to do any act, to sign any documents, and to do anything else on my behalf that is necessary or incidental to repairing, or claiming for the loss or damage to, my vehicle. I specifically authorise you to deal on my behalf with any insurer, repairers, assessors, law enforcement agencies, storage and/or towing businesses and any other persons who are in any way involved with the damage, storage or repair of my vehicle.
- i. I am aware that you may receive a commission or commission in relation to arranging for the repair, storage or other work done in relation to my vehicle.
- j. I agree that you will be under no legal liability to me if for any reason you are not able to have the repairs carried out on my vehicle. I agree that I will provide you with all further information you require from me on request in relation to my vehicle, any insurance and anything relevant to making an insurance claim.
- k. I agree to sign any documents, and cooperate with lawyers appointed by you to represent me in relation to this case and to attend court and give evidence if required to do so.

I. EVERYTHING I HAVE TOLD YOU IN CONNECTION WITH MY VEHICLE, THE ACCIDENT IN WHICH IT WAS DAMAGED, AND THE CIRCUMSTANCES OF MY CLAIM ARE TRUE AND CORRECT IN EVERY DETAIL.

Owner

Witness

Date / /



BODYWORKS

Where quality & service is not an accident.

TM

- ESTABLISHED IN 1966 -

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