

- The provision of this claim form is not an admission of liability on our part
- All questions must be fully answered in clear print or typed
- Please continue on a separate sheet of paper if necessary
- The driver of the vehicle at the time of incident must complete and sign this form
- If the driver is not the owner of the vehicle, the owner must sign the declaration on page 3

## 1. Type of claim

- Vehicle *(complete sections 2, 3, 4, 5, 7, 8, 9 and 10)*       Other damage / loss *(complete sections 2, 6, 7, 8, 9 and 10)*       Both vehicle and other damage / loss *(complete **all** sections)*

## 2. Information about the Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_  am /  pm      Postcode of accident: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb / town: \_\_\_\_\_      Nearest cross street: \_\_\_\_\_

Landmark: \_\_\_\_\_      Road surface: \_\_\_\_\_

Lighting: \_\_\_\_\_      Weather at time of the accident: \_\_\_\_\_

Estimated speed of your vehicle at the time: \_\_\_\_\_      Was the incident reported to police?     Yes     No

Did the police attend the scene of the incident?     Yes     No      Event number: \_\_\_\_\_

Description of incident: *(state fully and clearly what happened)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think caused the incident: \_\_\_\_\_

Why do you think Roads and Maritime Services is liable for this incident: \_\_\_\_\_  
\_\_\_\_\_

Please attach a map / diagram and/or photographs of the incident location

## 3. The vehicle driver (at time of incident)

Name of driver: \_\_\_\_\_      Driver gender:     M     F

Postal address: \_\_\_\_\_      Postcode: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_      Email address: \_\_\_\_\_

Did you consume any alcohol or take drugs prior to the incident?     Yes     No

If yes, how much over what period? \_\_\_\_\_

Please attach a copy of your driver licence

## 4. The vehicle

Registration: .....

Make and Model of vehicle: .....

Year model: .....

Name of vehicle owner(s): .....

Does this vehicle have any modifications?  Yes  No

If yes, please specify: .....

### Claims for damaged wheel/tyres only

Is this vehicle fitted with non-standard wheels/tyres?  Yes  No

If yes, please advise the profile (size) of the wheels/tyres fitted to the vehicle : .....

How many kilometres had the tyres travelled prior to the incident: .....

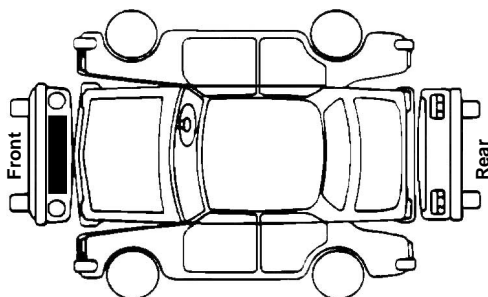
Advise the purchase date of the damaged tyres: .....

Please attach a copy of the vehicle registration certificate

## 5. Damage claimed as a result of the incident

Please indicate on the diagram the damage to your vehicle:

What parts of the vehicle were damaged?



.....

.....

.....

.....

.....

.....

Were any parts of the vehicle damaged prior to this incident?  Yes  No

If yes, provide details: .....

Please attach photographs of the damage to the vehicle

## 6. Other damage / loss

Did you suffer any other damage or loss as a result of the incident?  Yes  No

If yes, please specify the type of loss or damage: .....

Please attach photographs of damaged property

## 7. Insurance

Was the damaged property insured at the time of the incident?  Yes  No

Has the claim been made with the insurer?  Yes  No

If yes, please advise the name of the insurer and claim number: .....

**Note:** if you have claimed under your insurance, you cannot also claim from Roads and Maritime Services (RMS). If the insurer considers RMS to be liable for this incident, the insurer can attempt to recover the cost of the claim from RMS on behalf of the insured.

## 8. Claim amount

**Please specify the total amount you are claiming for:** 1. Vehicle damage: .....

2. Other loss/damage: .....

Please attach copies of documents supporting amounts claimed including:

1. Two quotes or one tax invoice for repairs to the vehicle;
2. Quotes/invoices proving other costs incurred

## 9. Declaration

### The driver of the vehicle to sign:

I declare that all the information provided in this form is true and correct and that no information relevant to this has, to my knowledge, been withheld or misrepresented.

Driver signature: ..... Date: .....

### If the owner of the vehicle was not the driver at the time of this incident, the owner to sign:

I/We declare that I/we gave our consent to the driver named in this form to drive my/our vehicle. The above information is, to the best of my knowledge and belief, true and correct and no information is being withheld or misrepresented.

Owner(s) signature: ..... Date: .....

..... Date: .....

## 10. Submission check list

All parts of the form completed

Copies of all required documents attached:

Map / diagram of incident location

Photographs of incident location (*if available*)

Driver licence

Registration certificate

Photographs of damage to vehicle

Photographs of other damaged property (*if applicable*)

Two quotes **or** one tax invoice for repairs to vehicle

Quotes/invoices proving other costs incurred

### Please return completed form to:

Liability Claims Services,  
PO Box 6464,  
Silverwater NSW 1811

[www.rms.nsw.gov.au](http://www.rms.nsw.gov.au) | T 02 8574 3673 | F 02 8574 2945 | E [public.liability@rms.nsw.gov.au](mailto:public.liability@rms.nsw.gov.au)

Retain this information sheet and submit pages 1 - 3 only

In requesting the information in this form, Roads and Maritime Services (RMS) is obtaining evidence to enable it to investigate the claim and is not making any admission as to liability.

- You are only required to submit documents or information in support of your claim that has not previously been provided.
- Claim documents can be sent by:

**Mail:** Liability Claims Services  
PO Box 6464  
Silverwater NSW 1811

**Fax:** (02) 8574 2945

**Email:** [public.liability@rms.nsw.gov.au](mailto:public.liability@rms.nsw.gov.au)

- Shortly after submitting your claim documents you will receive a letter from RMS acknowledging the claim and/or requesting any further information required by RMS to investigate and/or assess your claim.

### Investigation by Roads and Maritime Services

- Upon receipt of the completed claim form RMS will undertake an investigation.
- The standard investigation time is a period of four to six weeks. This will however depend upon the circumstances and complexities of your claim.
- You may also be required to provide a signed statutory declaration outlining the allegations made against RMS.
- In processing your claim, RMS will assess the reasonableness of the claim and may appoint a Loss Assessor. If this is required we will contact you to make the necessary arrangements.

### Referral of your claim

- Your claim may need to be referred to a contractor, local council or another section within RMS for further handling.
- If your claim is referred outside RMS, we will advise you in writing as soon as possible and provide you with the relevant contact details.

### Determination by Roads and Maritime Services

- When the investigation is completed RMS will notify you of its decision in writing.
- Each claim is investigated and determined based on its individual facts and circumstances.
- RMS' decision may be based on the relevant provisions of the Civil Liability Act 2002 (NSW), specifically sections 42 and 45 of that Act.
- Other factors or legal issues may also be relevant to your claim and we will advise you of these in writing when the investigation is completed.
- If:
  - (i) You dispute a decision made by RMS, you can request a re-investigation by providing written reasons outlining why you dispute the decision.
  - (ii) RMS is prepared to accept your claim, we will send you a Deed of Release which needs to be signed in the presence of a witness and returned to RMS, following which payment will be arranged. Any payment will be made to the owner of the damaged property.