

HAD A MOTOR VEHICLE ACCIDENT? NOT YOUR FAULT?

IF THE ACCIDENT IS NOT YOUR FAULT YOU
SHOULD NOT HAVE TO CLAIM OFF YOUR OWN
INSURANCE POLICY OR BE OUT OF POCKET.

WE CAN HELP

- GET YOUR CAR BACK ON THE ROAD
- CLAIM ALL YOUR LOSSES FROM THE RESPONSIBLE PARTY/INSURER



AB LEGAL
LITIGATION LAWYERS

PO Box 1167
ST ALBANS VIC 3021
Phone: (03) 9310 7300
Fax: (03) 9038 4444
Email: admin@ableg.com.au

INSTRUCTIONS TO ACT & RECOVER



Repairer: BMW & MERCEDES SPECIALISTS

Phone: (03) 9499-7585

Your Vehicle Details

Driver Name: MR/MRS/MS
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Date of Birth: _____ Drivers Licence: _____
 Passenger Details: _____

Registered Owner Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Do you require a hire car: Yes No
 Are you registered for GST: Yes No If 'Yes' what is your ABN: _____

Vehicle Details Registration #: _____ Vehicle Make: _____
 Your Insurer: _____ Comprehensive Third Party

Other Vehicle Details

Driver Name: MR/MRS/MS
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____
 Date of Birth: _____ Drivers Licence: _____

Registered Owner Name: _____
 Address: _____
 Work Telephone: _____ Mobile: _____
 Home Telephone: _____ Fax: _____

Vehicle Details Registration #: _____ Vehicle Make: _____
 Insurance Co: _____ Comprehensive Third Party
 Claim Number: _____ Policy #: _____

Third Vehicle or Witness Details

Witness or Third Vehicle Details Name: _____
 Address: _____
 H/W Telephone: _____ Mobile: _____
 Registration Number: _____ Vehicle Make: _____
 Insurance Company: _____

Accident Description

Accident Date: _____ Time: _____

Details Street/s: _____

Suburb: _____

Describe what happened: _____

Accident Diagram



Your Vehicle



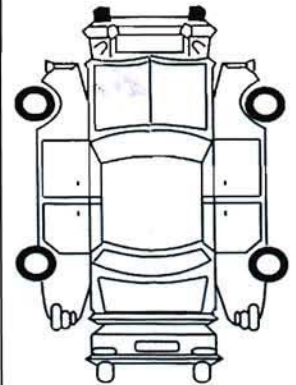
Other Vehicle



Stop Sign



Give Way Sign



Shade damaged areas of your vehicle

Police

Police Police Attendance: Yes No Statement Taken: Yes No

Details Officer Name: _____ Station: _____

AB LEGAL PTY LTD - AUTHORITY TO ACT

I / We authorise AB Legal Pty Ltd (A.B.N. 80761092660) to act on my / our behalf to recover the losses I have suffered as a result of this motor accident.

I appoint AB Legal as my / our agent for the purpose of:

- making all decisions and doing all things necessary for the conduct of the recovery action;
- including the commencement of legal proceedings (with my/our approval)
- I / we authorise AB Legal to sign any document including documents settling the action.
- I / we authorise and direct AB Legal to deposit monies received on my / our behalf into the AB Legal Trust account. I authorise and direct AB Legal to pay all expenses incurred on my behalf including to my repairer for the cost of repairs / my assessor for assessment fee / my hire car supplier for my hire car (if any) and all other properly incurred expenses upon the provision of a tax invoice.
- I authorise AB legal to take a recovery fee from the monies recovered on my behalf from the AB Legal Trust Account.
- I / we consent to the withdrawal of trust monies upon the terms and conditions set out above without further notice.
- If I withdraw my instruction / authority or enter into any communications, correspondences or settlement arrangements with the other party, their insurer or their representative, I / we will pay your reasonable costs incurred.

Dated: _____ Signature of Owner: _____

AUTHORITY TO STORE, QUOTE AND REPAIR VEHICLE

I, _____ owner of vehicle registered _____, AUTHORISE
Owner / Agents Name

_____ to store, quote and repair the vehicle as detailed in the repair quote.
Name of Panel Shop

Dated: _____ Signature of Owner / Agent: _____

THANK YOU FOR YOUR INSTRUCTIONS

PLEASE FAX FORM TO:

(03) 9038 4444