



Application for Incident Report

Please Note: NOT to be used for:
 a) Interstate Incidents, application to be made to relevant states, including ACT
 b) Deceased Persons (not including Motor Vehicle Collisions), please apply to the State Coroners Court

APPLICANT'S NAME AND POSTAL ADDRESS

SEND APPLICATIONS TO:
INSURANCE SERVICE UNIT
 Locked Bag 5102, Parramatta NSW 2124
 Ph: (02) 8835 8377
 Hours: 8.30am - 4.30pm Mon-Fri
NO COUNTER SERVICE AVAILABLE

- A \$75.00 non-refundable search fee applies per event report.
- Payment is by cheque/money order payable to NSW Police Force or by Credit card.

Payment details if paying by credit card:

VISA
 MASTERCARD

CARD NUMBER

EXPIRY DATE

CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE

The NSW Police Force complies with the Privacy Code of Practice, approved and gazetted by the Attorney General on the 28 June 2000, The Code of Practice states that the Service may only supply motor vehicle collision or crime incident reports in circumstances where a claim has been lodged against an insurance company or insurer and the report relates to that claim.

Applicants Phone No.

Applicants Fax No.

Applicant's Reference No. (if applicable)

DETAILS OF INCIDENT (please print)

Event No. (if known)

Police Station

Incident Type

Incident Date

Location of Incident (Street Name)

Suburb

1. Vehicle Reg No.

Full Name of Driver/Victim

DOB

Licence No.

Address of Driver/Victim

2. Vehicle Reg No.

Full Name of Driver/Victim

DOB

Licence No.

Address of Driver/Victim

Company involved (if applicable)

The following information MUST be provided before your application will be considered:

Reason/Interest in applying for report

Name of Insured/Client

I make this declaration in the belief that it is true and correct.

Signature of Person making declaration

Date