



Application for Incident Report

(NO STATEMENTS, NOTEBOOK ENTRIES ETC ARE PROVIDED)

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

<p>APPLICANT'S NAME AND POSTAL ADDRESS</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>SEND APPLICATIONS TO: INSURANCE SERVICES UNIT Locked Bag 5102, Parramatta NSW 2124 Ph: (02) 8835 8377 Hours: 8.30am - 4.30pm Mon-Fri NO COUNTER SERVICE AVAILABLE</p>	<ul style="list-style-type: none"> A \$87.10 non-refundable search fee applies per event report. Payment is by cheque/money order payable to NSW Police Force, or by credit card. <p>Payment details if paying by credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD</p> <p>CARD NUMBER EXPIRY DATE</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 70%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p>CARD HOLDER'S NAME</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p>CARD HOLDER'S SIGNATURE</p> <div style="border: 1px solid black; width: 100%; height: 30px;"></div>
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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)
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DETAILS OF INCIDENT (please print)

Event No. (if known)	Police Station
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Incident Type	Incident Date
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Location of Incident (Street Name)	Suburb
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1. Vehicle Reg No.	Full Name of Driver/Victim	DOB
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Licence No.	Address of Driver/Victim	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
2. Vehicle Reg No.	Full Name of Driver/Victim	DOB
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Licence No.	Address of Driver/Victim	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
Company involved (if applicable)		
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The following information MUST be provided before your application will be considered:

Reason/Interest in applying for report	Name of your Insured/Client
<div style="border: 1px solid black; height: 80px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
I make this declaration in the belief that it is true and correct.	
Signature of Person making declaration	Date
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