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Notification of Accident to Police

FORM L

To be completed by claimant after notification of accident to Police.

Claimant's Personal Details

Date of Accident	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value=""/>
Surname	<input type="text"/>		
Given Names	<input type="text"/>		
Home Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	State	Postcode	
Postal Address <i>(If same as above, write "as above")</i>	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	State	Postcode	
Contact Phone Numbers	<input type="text" value="()"/>	<input type="text" value="()"/>	
	Business	After Hours	
Police Station Reported to:	<input type="text"/>		
Date Reported:	<input type="text"/>		
Officer's Name:	<input type="text"/>		
Officer's Number:	<input type="text"/>		
Accident Report Number:	<input type="text"/>		

Declaration

I declare that the information provided in this form, to the best of my knowledge and belief, is true and correct.

Full Name (Please Print)

Signature Dated