

AAMI's Driver Protection Cover

Notice of Injury Form



Essential documentation to be provided when lodging a claim - please email to driverprotectioncoverSA@aami.com.au

- Provide the below medical certificate completed by your Medical Practitioner and any other relevant medical notes to driverprotectioncoverSA@aami.com.au
- Attach a copy of your Police Report
- Attach any photos of vehicle damage
- Attach a drawing/diagram describing the accident

1. Owner

Title Mr Mrs Miss Ms Other (please specify)

Surname/Family name

Given name(s)

Address (No. & Street)

Suburb State Postcode

Contact Number () Email

Date of Birth / / Gender

Licence No Class Expiry Date / /

2. Driver (Only complete if different to owner)

Title Mr Mrs Miss Ms Other (please specify)

Surname/Family name

Given name(s)

Address (No. & Street)

Suburb State Postcode

Contact Number () Email

Date of Birth / / Gender

Tick whether the driver was: Owner Authorised driver Unauthorised driver

Licence No Class Expiry Date / /

3. Details of insured vehicle involved in accident

Make Model Regn. no

Registration Due Date / / No of persons in vehicle (including driver)

Was your vehicle comprehensively insured at the time of the accident Yes No

If Yes, please provide the name of the Insurance Company

4. Details of accident

Date of accident / / Time (am/pm)

Place – Street(s)

Suburb State Postcode

State quantity of alcohol/drugs consumed by the driver during the 12 hours prior to the accident







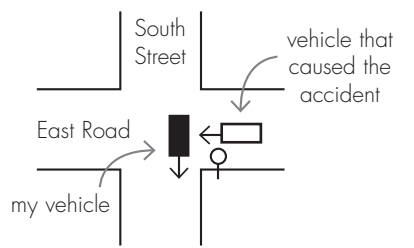
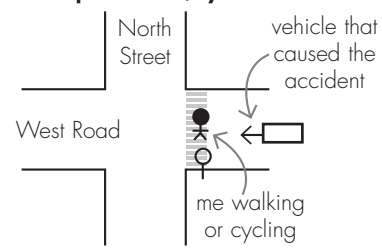
Estimate speed of vehicle prior to accident kph Describe vehicle damage location

Did police attend accident scene Yes No Police report number

Police station accident reported Police Officer's name

Date accident reported / /

Additional information about the accident (please provide detailed information including diagram of accident. Include Intersection, roads and their names. Show the point of contact and position of all vehicles)

<p>Symbols to use</p> <ul style="list-style-type: none">  traffic sign  witness  your vehicle (black)  traffic lights  pedestrian  other vehicles 1, 2, 3 <hr/> <div style="display: flex; justify-content: space-around;"> <div data-bbox="95 1299 510 1612"> <p>Example diagram for vehicle</p>  </div> <div data-bbox="542 1299 925 1612"> <p>Example diagram for pedestrian/cyclist</p>  </div> </div>	<div style="border: 1px solid black; height: 463px;"></div>
<p>Check list</p> <p>Please show <input type="checkbox"/> street names <input type="checkbox"/> lanes/lines markings <input type="checkbox"/> traffic signals/signs</p> <p>Vehicle 1 registration <input type="text"/></p> <p>Vehicle 2 registration <input type="text"/></p> <p>Vehicle 3 registration <input type="text"/></p>	<div style="border: 1px solid black; height: 220px;"></div>

5. Details of other vehicles involved in the accident (if more, provide details on separate sheet)

Make Model Registration no. State

Owner's name Contact Number

Owner's address

Driver's name Contact Number

Driver's address

Describe vehicle damage location

No. of persons in vehicle (incl driver)

Make Model Registration no. State

Owner's name Contact Number

Owner's address

Driver's name Contact Number

Driver's address

Describe vehicle damage location

No. of persons in vehicle (incl driver)

6. Injured person details

Title Mr Mrs Miss Ms Other (please specify)

Surname/Family name

Given name(s)

Injuries

7. Witnesses of the accident

Name

Address

Suburb State Postcode

Phone

Name

Address

Suburb State Postcode

Phone

Name

Address

Suburb State Postcode

Phone ()

If your claim is settled, it will be paid to the below bank account:

Name

Bank

BSB Account

- I declare the above information to be true and correct to the best of my knowledge and belief.
- I understand that the information collected in this form will be used by AAMI to process my claim in accordance with AAMI's privacy policy visit www.aami.com.au/privacy

Signature

Date / /

Contact us
driverprotectioncoverSA@aami.com.au
Speak to us by phoning 1300 084 851
Visit www.aami.com.au/privacy
by mail to AAMI, GPO Box 471 Adelaide SA 5001

8. Medical Certificate – This form is to be completed by a Medical Practitioner

Claimant's full name Claimant's Date of Birth / /

Claimant's address

Suburb State Postcode

Date of accident / / Date of initial consultation / /

Suburb State Postcode

Was the accident the sole or substantial contributing cause of the injury? Yes No

Please give details of any other contributing causes of the injury

Was the injury directly or indirectly caused by, or due to psychological or psychiatric causes, sickness or disease? Yes No

If yes, please give details

Did the patient sustain any of the below injuries in the subject accident?			
Area of body	Injury sustained	Tick all that apply	Additional information if applicable
Head	Fractured Skull		
	Total loss of power of speech		
	Total loss of hearing		
Trunk	Laceration of internal organs	Liver	
		Kidney	
		Spleen	
		Lung	
	Fractured bones	> 4 Ribs	
		Pelvis	
Sternum			
Spine	Fractured vertebrae		
Arms and Legs	Fractured bones (excluding hands or feet)		
Other Injuries	Full thickness burns (to at least 10% of the body but not greater than 30% of the body)		
	Any other injuries sustained		

Medical Practitioner Information

Full name	<input type="text"/>	Provider Number	<input type="text"/>
Practice/hospital name and address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Professional qualification	<input type="text"/>
I declare that I am a Registered Medical Practitioner and to the best of my knowledge the information provided here is true and correct.			
Signature	<input type="text"/>	Date	<input type="text"/>

Please attach any relevant documents and medical certificates