



SHIRE OF WICKEPIN VEHICLE DAMAGE CLAIM FORM

Name of Claimant

Address

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Telephone

Email

Time and Date of Incident

Specific Location of Incident (Please state nearest side-street or intersection).....

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Direction of Travel

Do you believe this location still is/contains a hazard?

Do you have comprehensive insurance cover?

Receipt or quote for repair is (please select);

Are provided OR Will be Provided

Nature of incident and details of damage (Include supporting documents, photographs if available. Include extra pages as necessary)

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