

Form

<i>Form Name:</i>	Motor Vehicle Incident Report Form
<i>Updated:</i>	March 2020
<i>Endorsed By:</i>	Directors
<i>Form Code:</i>	FORM010

01. FORM

This form is for employees to use in the event of a motor vehicle incident including accident, damage or stolen

02. OVREVIEW

This application form applies to all staff using company motor vehicles

03. EMPLOYEES DETAILS

First Name:

Surname:

Position:

Contact Phone:

04. TYPE OF INCIDENT

- Accident with damage
- Accident without damage
- Damage to vehicle where employee was not involved
- Vehicle stolen

06. AUTHORISATION

Please sign and date below:

Employee

___/___/___
Date

Authorisation Manager

___/___/___
Date

Note: once approved please forward the original to Office Manager

Related Resources, Tools and Links

- POL006 – Motor Vehicle Policy

Contact & Further Information

For further assistance please contact your direct manager.

Form Owner

Directors – RJA

Note: This form does not form part of any contract between you and RJA. It must be used for application purposes only and in accordance with applicable legislation. It is not intended to create any additional legal rights or obligations. Any reference to obligations or requirements of the Company in this form is not intended to give rise to contractual obligations binding on the Company. This form may be varied from time to time.