

CITEC CONFIRM
 Quality Form for CSCWI401: CSCFM040
Application Form – Traffic Accident Report – Export



CITEC is collecting the information on this form to administer an online information system that provides for public access to traffic incident information held by the Queensland Police Service. This is authorised by the Queensland Police under a Memorandum of Understanding with CITEC. CITEC provides some or all of this information to the Queensland Police to verify the authenticity of applicants requiring access.

Please Note! Correct and adequate information must be supplied to ensure that the appropriate report may be located.

Applicant and Accident Details:

(Applicant to Complete)

Applicant's Name: _____
 Postal Address: _____
 Town/City: _____ State: _____ Postcode: _____
 Phone: () _____ Fax: () _____
 Applicant's Reference / Claim Number: _____ / _____
QP/TIRS Number: _____
 Date / Time of Accident: _____ / _____ / _____ a.m./p.m.
 Exact Location of Accident: _____
 Police Officer's Name / Station: _____
 Client's Name: _____
 Client's Connection to Accident: _____
 Driver's Name: _____
 Vehicle Registration Number: _____
 Other Driver's Name: _____
 Other Vehicle/s Registration Number: _____

Applicant Order Details:

Delivery Options: (ONLY Select ONE of the following)

- Fax (Police Traffic Accident Report ONLY)
 Post

PAYMENT BY CREDIT CARD OR BANK DRAFT IN AUSTRALIAN DOLLARS ONLY

Details Required: (ONLY Select ONE of the following)

- Police Traffic Accident Report Only @ AUD \$70.73
 Police Traffic Accident Report + Other Documents* @ AUD \$82.32
 Other Documents Only* @ AUD \$22.00

Total Price Australian Dollars _____

Note:

*** Search fee for non CITEC CONFIRM searches where requested reports do not exist or supplied details are inadequate resulting in a negative search is \$19.23

* Documents will be mailed.

** Please indicate if you wish the document order to remain active for up to 9 months: Yes No

Certification: I certify that I am / act on behalf of one of the parties to this road traffic accident.

Applicant's Signature: _____ **Date:** _____

Credit Card Payment Details:

Card Holder's Name: _____ **Signature:** _____
Choice of Credit Card: Mastercard Visa Card Diners Club AMEX
Credit Card Number: _____ **Expiry Date:** _____

Please send the completed form to: **CITEC CONFIRM, GPO Box 279, BRISBANE Q 4001** or Fax to **+61 7 3222 2509**.