REPORT FOR WINDOW GLASS DAMAGE

Date of Accident/	Damage:		Time:		am/pm		
Place of Accident- Street				Town/Suburb		Postcode	
THE JCU VEHIC	LE						
Year	Make of Vehicle	Model	Regist No.	Body Type	Colour	Engine No.	
Exact purpose for	r which vehicle was being u	used at time of accid	dent:				
	state weight & nature of loa						
	, and the second						
THE JCU DRIVE	R						
Name of Driver:				JCU Department:			
Address of Driver	:						
Data of Dinth	Δ	Data da la Fra		Linaman Na	01	Franker Date	
Date of Birth	Age	Driving Exp	rs mths	Licence No.	Class	Expiry Date	
		y	13 111113				
I declare that the	above particulars are true	in every respect:					
Signature of driver:					Date:		
DEPARTMENTA	L AUTHORISATION						
I hereby authorise	e the cost of repairs, or the	Insurance Excess t	o be debited against	Account No.			
Head of Department/Delegate					Date:		
VEHICLE MAINTENANCE SECTION			INTERNAL USE ONLY:				
Repairer:			Date:		Initials:		
Cost of Repairs \$			Work Order No.				
Insurance Claim I	No.		Excess Applies Yes/No				

REFER POLICY & PROCEDURES MANUAL, VOLUME 1, SECTION G.4.2:

"Where any driver is involved in an accident which results in damage to the University vehicle, any excess applied by the University