

**REPORT FOR WINDOW GLASS DAMAGE**

WINDOW GLASS DAMAGE MUST BE REPORTED WITHIN **48 HOURS** OF THE INCIDENT. A COMPLETED REPORT FORM MUST BE FORWARDED TO THE VEHICLE FLEET SUPERVISOR, ESTATE OFFICE

Date of Accident/Damage: .....	Time: .....	am/pm
Place of Accident- Street .....	Town/Suburb .....	Postcode .....

**THE JCU VEHICLE**

Year	Make of Vehicle	Model	Regist No.	Body Type	Colour	Engine No.

Exact purpose for which vehicle was being used at time of accident: .....

If goods vehicle, state weight & nature of load: .....

**THE JCU DRIVER**

Name of Driver: ..... JCU Department: .....

Address of Driver: .....

Date of Birth	Age	Driving Experience	Licence No.	Class	Expiry Date
		yrs          mths			

I declare that the above particulars are true in every respect:

Signature of driver: ..... Date: .....

**DEPARTMENTAL AUTHORISATION**

I hereby authorise the cost of repairs, or the Insurance Excess to be debited against Account No. ....

Head of Department/Delegate ..... Date: .....

<b>VEHICLE MAINTENANCE SECTION</b>	<b>INTERNAL USE ONLY:</b>
Repairer: .....	Date: ..... Initials: .....
Cost of Repairs \$ .....	Work Order No. ....
Insurance Claim 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 insurers will be charged to an account nominated by the Department to which the driver belongs. Where any driver is responsible for an accident and/or damage to a University vehicle, the full cost of repairs or the insurance excess, whichever is the lesser, will be charged to an account nominated by the Department to which the driver belongs.*

*Where drivers are under 25 the Department which authorised their use of a vehicle may be liable to pay a higher insurance excess on any resulting claim."*