

Written-off Vehicle Inspection for Hail Damaged Vehicles Exemption Application

Transport Operations (Road Use Management) Act 1995

This form must be completed by the registered operator of a vehicle who is applying for an exemption from obtaining a written-off vehicle inspection for a hail damaged vehicle. To be eligible for an exemption, you must:

- have been the registered operator of the vehicle immediately before the incident that resulted in the vehicle being recorded on the written-off vehicle register (WOVR)
- You retained the vehicle directly from the notifier who recorded the vehicle on the WOVR.
- The registration of the vehicle is current.

If you do not meet all of the criteria listed above, you are not eligible for an exemption.

Registered Operator Details

Family name	Given name	Customer Reference Nun	nber* (CRN)
*CRN may be your driver licence numb	er, adult proof of age card number	r or the Department of Transport and M	ain Roads CRN.
Address			
		Po	stcode
Contact phone number	Email address		
Vehicle Details			
Make and model		Registration number	
VIN (Vehicle Identification Number)			
Insurance Details			
Insurance company		Claim number	
Declaration			
I declare that all information given on th	is form is true and correct.		
Signature	Date		
	1 1		
manage the Department of Transport and Main R such as written off vehicle inspectors, police and t	oads' vehicle register. This information may to or through interstate registration authoriti	this form under the <i>Transport Operations (Road Us</i> be released by the Department of Transport and I es. This information is accessible by authorised De rties without your consent unless authorised or rec	Main Roads to parties epartment of Transport
Office Use Only File number	Reference (P)	number	
Date stamp C	Confirm registered operator	Confirm registration	
		Spreadsheet	
	/ehicle details and history		
Comments			
Approved N	Not approved	eason	
Advisor approval	0 mm at una		-1-
Name	Signature		ate
			1 1
Senior/Principal Advisor approval			
Name	Signature	D	ate
			1 1
Processed	Indate text and evoire		
	Ipdate text and expire	Spreadsheet completed Date	
Customer contacted E	SUSI approval completed		Corporate Forms Area Form F5018 CFD
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