



Australian Government
Comcover

Comcover Member Services
Motor Vehicle Claim Report

Incident Report Number from Comcover: [Redacted]

Section A
Member
Agency
Details

Member Agency Name

COMCAR

Details of person within member agency to contact concerning the claim:

Name

Business Address

Telephone

Email

Date that you or the organisation first became aware of the claim

15/11/17

Section B
Driver
Details *

Name of Driver

Business Address

Telephone

Licence Number

Is the driver named above the principal driver?

☒ Yes

☐ No

Did the driver consume any alcohol or take any drugs within 12 hours prior to the accident?

☐ Yes

☒ No

Did the Police perform a breath or blood test?

☐ Yes, if so please state the reading below

☒ No

Section C
Member
Vehicle
Details *

Please indicate the cover that applies to you/vehicle

☐ Comprehensive (repairs to your vehicle are covered under the policy)

☐ Third Party Property damage only (repairs to your vehicle are not covered under the policy)

Vehicle Registration Number

Year

Number of occupants (including the driver) at the time of the incident

s 22

Make and Model

Colour white

Odometer reading 3656

ONE

Section D
Accident
Details

Was anyone injured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If, so in which vehicle and how?	n/a	
Date of accident *	15/11/2017	Time 1401
Location of accident *	Senate entrance, Parliament Drive	
Was it reported to the Police?	<input checked="" type="checkbox"/> Yes if so give details below	<input type="checkbox"/> No
Police Station	Parliament House - AFP, notified	
Officer's Name		Officer's Telephone
Who do the Police consider responsible?		



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Incident Report: [REDACTED]

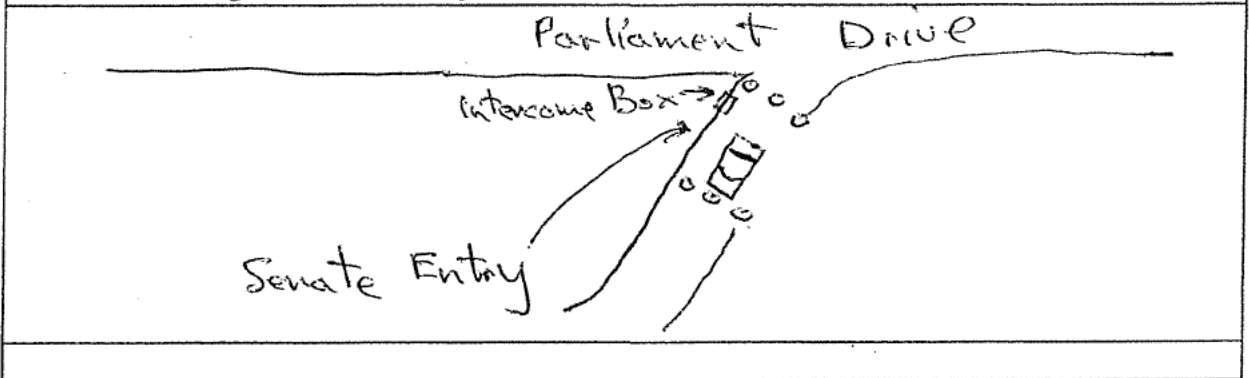
Comcover Member Services Motor Vehicle Claim Report

Accident Description

Please provide a brief description of how the accident occurred

At 1401 I arrived at Senate entrance ballards. The vehicle in front of me was stopped at ballards. I got out to assist driver in front. We both tried to make contact via intercom system by pushing button and looking into camera. After approx 45 sec the Ballards dropped, Veh in front of me drove through. I entered my veh and drove up to Ballard and stopped. Ballard remained down so believing operator was letting me through I drove through and hit 2nd ballards.

Please draw a diagram of accident at point of collision



Section F Witness

Witness to accident (attach list if necessary)

Name	
Address	
Telephone	

Driver's Declaration

I declare that the use of the vehicle was authorised and the information provided in this claim form is correct in every respect

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Driver's Name	Signature	Date
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Please note

* Mandatory field

Once completed, please send this form to Comcover Member Services.



Attachments

One quote for repair to member vehicle
Police Report (if available)

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Name of person reporting the claim

Signature of person reporting the claim

Date

Name of Agency Insurance Contact Officer

Signature of Agency Insurance Contact Officer

Date

s 22

REMOVE & REPLACE

	<u>Units</u>	<u>Est Amt</u>	<u>Remarks</u>
1. FRT BUMPER BAR - D & A	s 22		
2. FRT BUMPER BAR SENSORS & GLUE SENSOR BRKT			
3. FRT BUMPER MAIN REINFORCEMENT			
4. FRT BUMPER ABSORBER			
5. L/H HEADLAMP & REFOCUS			
6. RADIATOR & COWL - AUTOMATIC			
7. FAN BLADES & D & A			
8. FRONT GRAVEL TRAY			
9. RADIATOR SUPPORT ASS BOLTED			
10. HORN			
11. L/H FRT GRD MLD STICK-ON INC ADHSV			
12. L/H FRT MUD FLAP			
13. L/H FRT GRD SPLASHTRAY			
14. L/H FRT GRD REPEATER LAMP/MOULD			
15. AIR CONDITIONER CORE			
16. R/H HEADLAMP & REFOCUS			
17. BONNET LOCK & CABLE & ADJUST			
18. R/H FRT GRD MLD STICK-ON INC ADHSV			
19. R/H FRT MUD FLAP			
20. R/H FRT GRD SPLASHTRAY			
21. R/H FRT GRD REPEATER LAMP/MOULD			
22. FRONT RADIATOR AIR DEFLECTOR			
23. RADIATOR O/FLOW BOTTLE			
24. RADIATOR SUPPORT , WIRING , SENSORS & BRKTS			
25. RADIATOR O/FLOW BOTTLE			
26. WINDSCREEN WASHER BOTTLE & D/A			
27. AIR CLEANER INTAKE & DUCTING			
28. L/H SILL PANEL COVER INC CLIPS			
29. R/H SILL PANEL COVER INC CLIPS			
30. CAROLINER			
31. L/H WINDSCREEN MOULD			
32. R/H TURRET DRIP MOULD			
33. L/H TURRET DRIP MOULD			
34. R/H WINDSCEN MOULD			

Parts

	Qty	Part No.	Price	M/U	Remarks
23. FRONT SUSPENSION CROSS MEMBER	s 22				
24. FRONT SUSPENSION CROSS MEMBER BOL	s 22				
25. FRONT SUSPENSION CROSS MEMBER BOL					
26. N/S/F GUARD LINER					
27. N/S/F GUARD LINER CLIP x10 11612035 \$2.8					
28. RADIATOR - AUTO					
29. RADIATOR COOLANT FLUID - RED DEXCOOL 5LT A.					
30. RADIATOR FAN COWL					
31. RADIATOR O/FLOW BOTTLE					
32. AIR/COND CONDENSER ASSY					
33. W/SCREEN WASHER RESERVOIR -					
34. EPS HARNESS SHIELD					
35. EPS HARNESS BRKT					
36. SENSOR SUSPENSION LEVEL					
37. N/S/F GUARD MOULD					
38. O/S/F GUARD MOULD					
TOTAL			\$5,580.41		\$5,580.41

Sublet

1. TOWING	s 22		s 22		
2. R&R FRONT X MEMBER & COMPONETS					
3. WHEEL ALIGNMENT - SUPPLY DATA SHEET					
4. SCAN & RESET PARK SENSORS, SELF LEVELING SUS					
TOTAL			\$903.50		

ORIGINAL TOTAL 16.72 \$8,029.93

Supplement 1**Parts**

	Qty	Part No.	Price	M/U	Remarks
1. AIR DEFLECTOR CLIP x	s 22	s 22			
2. RADIATOR O/FLOW BOTTLE					
3. TRANSMISSION LINE O/S TO RADIATOR					
4. AIR/COND PIPE / HOSE - COMPRESSOR TO COND					
5. AIR CLEANER HOUSING MOUNT x1					
6. AIR CLEANER HOUSING MOUNT PIN x1					
7. RAD SUPPORT DECAL "A/COND"					
8. HARMONIC BALANCER V8					
TOTAL			\$521.47		\$521.47

Sublet

1. SCAN & RESET PARK SENSORS, SELF LEVELING SUS			s 22		
2. SCAN & RESET PARK SENSORS, SELF LEVELING SUS					
3. REPLACE BALANCES A/C HOSE & TRANS HOSE	s 22				
4. TOWING TO Mechanical					
5. TOWING FROM Mechanical					
TOTAL			\$209.21		

SUPPLEMENT 1 TOTAL 0.00 \$730.68



Australian Government
Department of Finance

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Coversheet for Incident Report Form

From:

(Name of Sender)

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Position Held:

s 22

State:

ACT

Date:

15.11.17

Report signed / sighted by supervisor (Y) / (N)

Name of Employee Involved in incident:

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Position Held:

Comcar DRIVER

Date incident occurred:

15.11.17

Sent To (Tick Box):

- ☐ Comcare – 1300 305 916 (Notifiable incidents only)
- ☒ WHS Support People Branch (for Incident Report Form and COMCARE Compensation Form)
WHSSupport@finance.gov.au

☒ s 22 - COMCAR HR,

s 22

☒ s 22 – A/g Director, National Operations,

s 22

☒ Direct Supervisor (Hard Copy or email)

☐ WHS Representative –

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Australian Government
Department of Finance

Incident Report Form

This is not a compensation claim form. If you need to submit a compensation claim please contact WHS Support on 6215 2664.

Purpose: This form is for the reporting of all workplace incidents and must be completed within 24 hours of the incident and forwarded to the WHS Support inbox.

<p>1. Was there a serious risk to a person's health and safety that was 'Immediate or Imminent'?</p> <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes then this Incident must be reported to Comcare – please complete the <u>Incident Notification Form</u> and send to the WHS Support team immediately</p>	<p>5. Details of the injury or disease Describe the nature of the injury/s received, or the nature of the disease, including affected body parts.</p> <p>n/a</p>
<p>2. Personal details of worker</p> <p>First name: [REDACTED] Last name: [REDACTED] Gender: [REDACTED] Occupation: <u>COMCAR DRIVER</u> Employer (if a contractor): Contact information:</p>	<p>6. Details of treatment provided to the person</p> <p>No treatment was provided <input type="checkbox"/> n/a</p> <p>First Aid <input type="checkbox"/> Name of First Aid Officer: Contact information: If the following was required, this automatically becomes a Notifiable Incident and a Comcare Incident Notification Form must be completed and WHS Support advised within 24 hours – See Question 1 Doctor: Ambulance called: Hospital: (Attach copy of all reports) What treatment was provided to the injured person:</p>
<p>3. Relationship to the Person Conducting a Business or Undertaking (PCBU)</p> <p>Employee <input checked="" type="checkbox"/> Contractor/ self employed <input type="checkbox"/> Labourer <input type="checkbox"/> Apprentice or trainee <input type="checkbox"/> Volunteer <input type="checkbox"/> Member of the public <input type="checkbox"/> Other: <u>DRIVER</u></p>	<p>4. Details of incident</p> <p>Date of incident: <u>15 NOVEMBER 2017</u> Time of incident: <u>14:01</u> Location of incident: <u>Senate Entrance, Parliament Drive,</u> Describe in a much detail the event that led to the incident, what activity was being performed, what if any plant or equipment was involved. <u>The 2nd bollard came up as the vehicle was entering the senate ramp driveway.</u></p>



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Comcover Member Services
Motor Vehicle Claim Report

Section A
Member
Agency
Details

Member Agency Name

DEPT OF FINANCE (COMCAR)

Details of person within member agency to contact concerning the claim:

Name

Business Address

Telephone

Email

Date that you or the organisation first became aware of the claim

26/11/17

Section B
Driver
Details *

Name of Driver

Business Address

Telephone

Licence Number

Is the driver named above the principal driver?

☐ Yes

☒ No

Did the driver consume any alcohol or take any drugs within 12 hours prior to the accident?

☐ Yes

☒ No

Did the Police perform a breath or blood test?

☐ Yes, if so please state the reading below

☒ No

Section C
Member
Vehicle
Details *

Please indicate the cover that applies to you/vehicle

☐ Comprehensive (repairs to your vehicle are covered under the policy)

☐ Third Party Property damage only (repairs to your vehicle are not covered under the policy)

Vehicle Registration Number

Year

Number of occupants (including the driver) at the time of the incident

s 22

Make and Model

HOLDEN CRUZE

2017

Colour WHITE

Odometer reading 3778

1

Section D
Accident
Details

Was anyone injured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If, so in which vehicle and how?		
Date of accident *	26/11/17	Time 2:05
Location of accident *	PARLIAMENT DR	
Was it reported to the Police?	<input checked="" type="checkbox"/> Yes if so give details below	<input type="checkbox"/> No
Police Station	PARLIAMENT HOUSE AFP	
Officer's Name		Officer's Telephone
Who do the Police consider responsible?		



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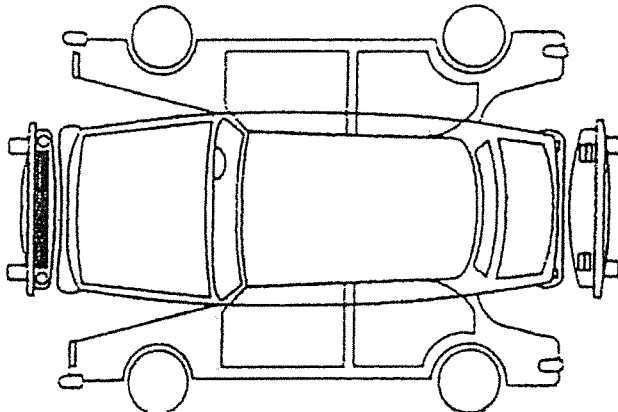
Comcover Member Services Motor Vehicle Claim Report

Is Police action to be taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If so, against whom?		
Who do you think is responsible for the accident?		
Any other details?		

Section E Other Vehicle Driver Details

Name of Driver			Date of Birth	/	/	/
Business Address						
Telephone			Fax			
Licence Number			Expiry Date	/	/	/
Name of Registered Vehicle owner						
Business Address of Registered Vehicle owner						
Telephone			Fax			
Vehicle Registration Number			Make and Model			
Insurer						

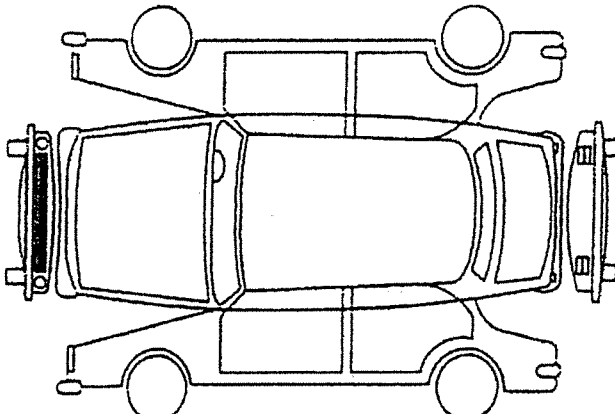
Show
damage to
member
vehicle



UNDER SIDE DAMAGE
UNKNOWN.

NO PANEL DAMAGE.

Show
damage to
other vehicle





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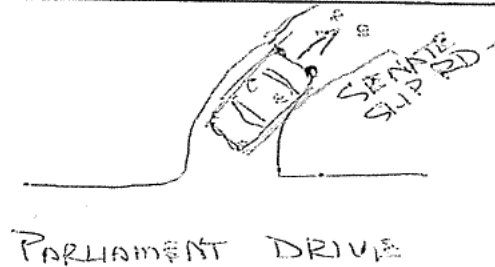
Comcover Member Services Motor Vehicle Claim Report

Accident Description

Please provide a brief description of how the accident occurred

BOLLARDS RAISED UNDER VEHICLE WHEN APPROACHING
SENATE SLIP ROAD.
LIGHTS WERE GREEN AS I SLOWLY ROLLED OVER BOLLARD.

Please draw a diagram of accident at point of collision



Section F Witness

Witness to accident (attach list if necessary)

Name

Address

Telephone

Driver's Declaration

I declare that the use of the vehicle was authorised and the information provided in this claim form is correct in every respect

s 22

Driver's Name

Signature

Date

Please note

* Mandatory field

Once completed, please send this form to Comcover Member Services.



Attachments

One quote for repair to member vehicle
Police Report (if available)

s 22

Name of person reporting the claim

Signature of person reporting the claim

Date

Name of Agency Insurance Contact Officer

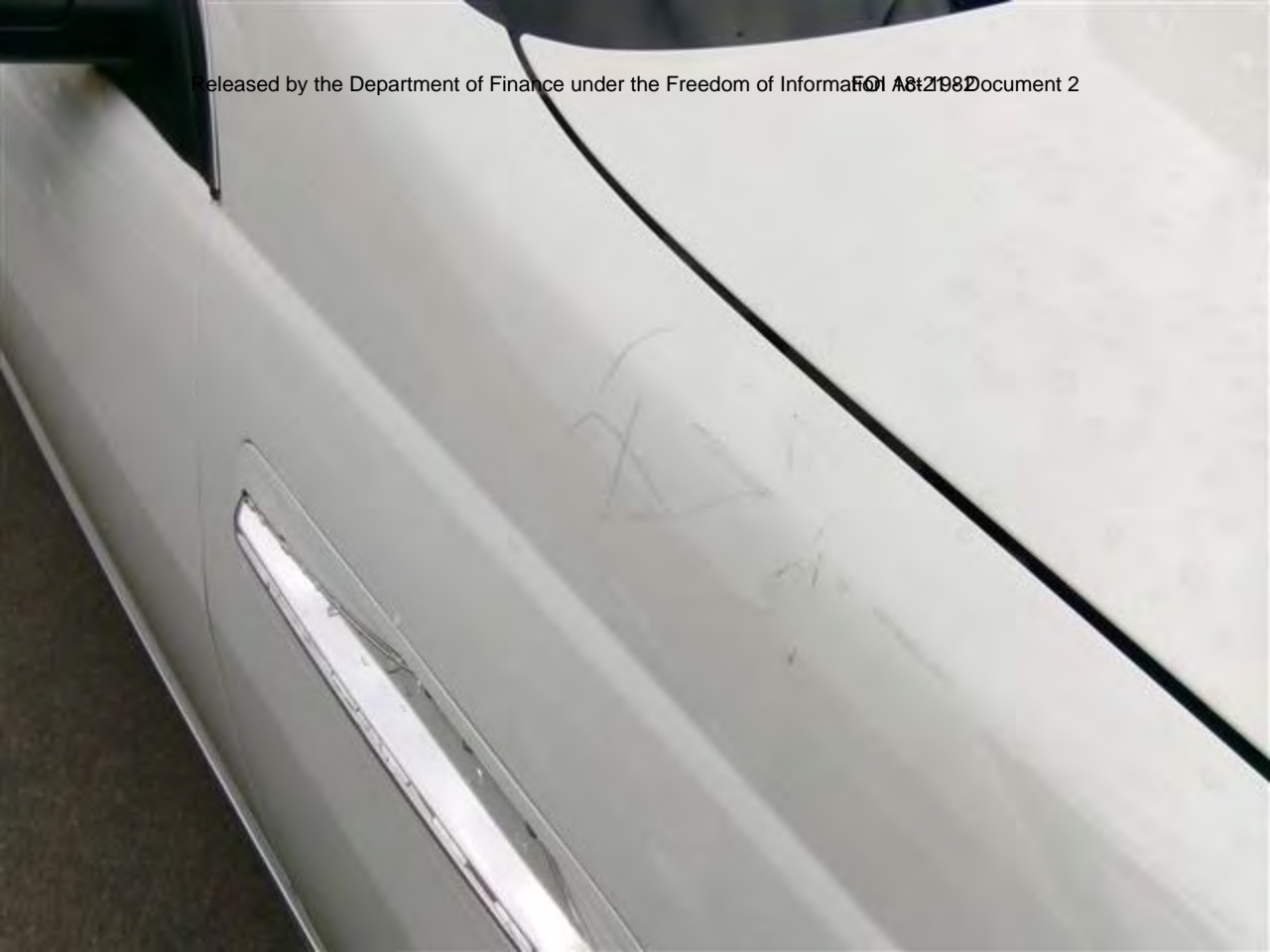
Signature of Agency Insurance Contact Officer

Date























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BONNET POLISH REPORT















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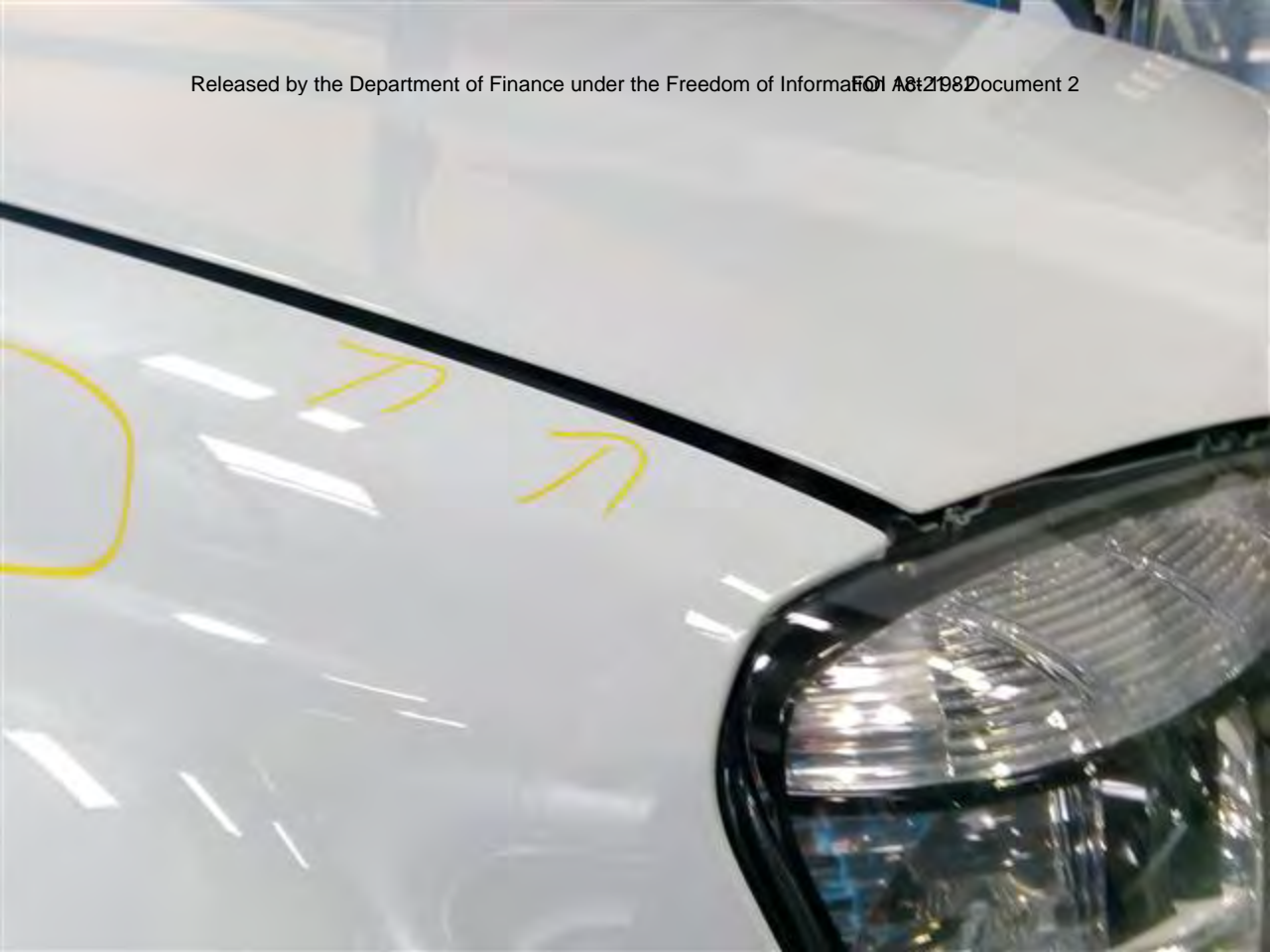




S
22



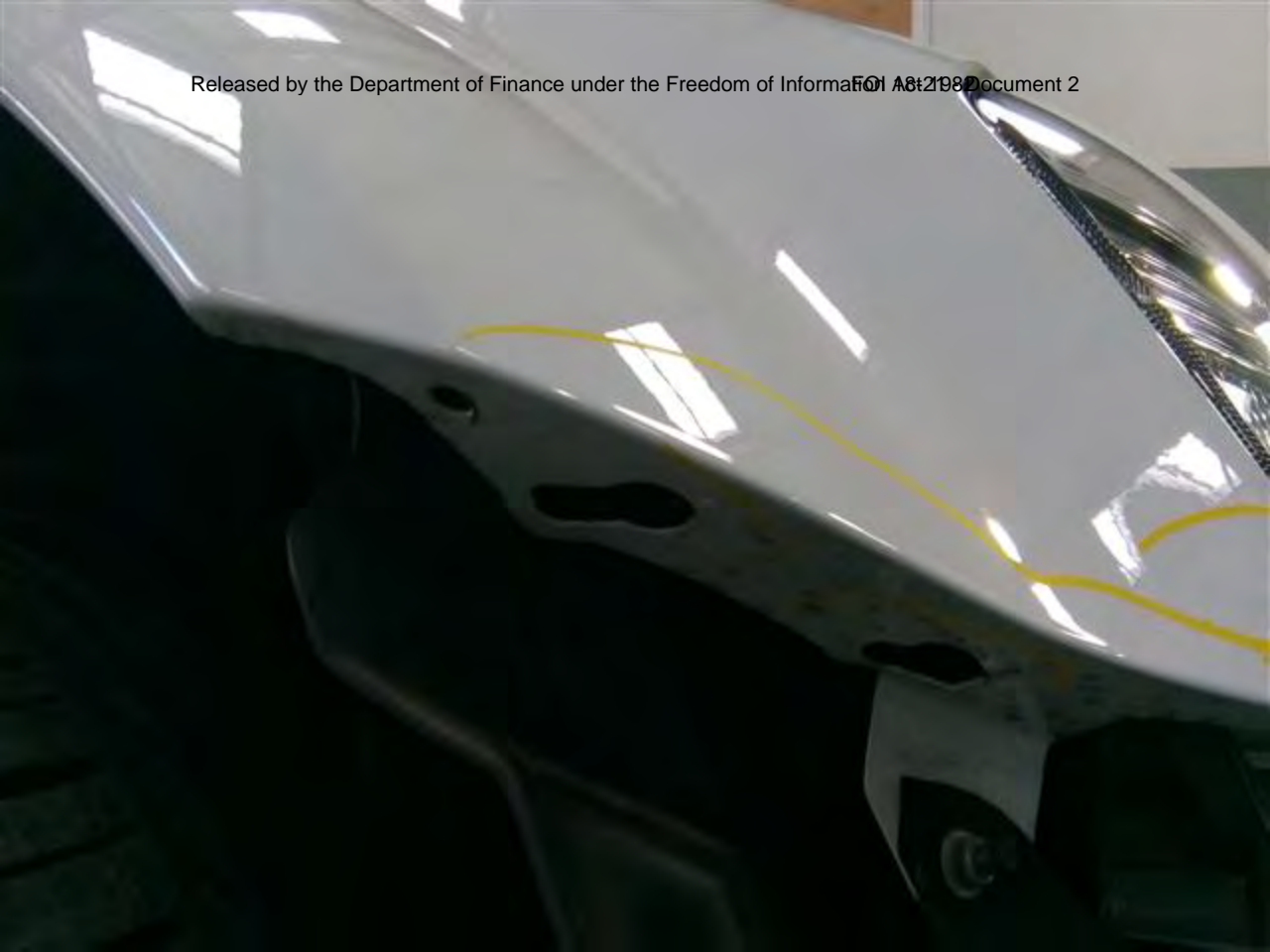
























provided by the manufacturer or dealer under the provisions of information on the vehicle.



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WASHER BOTTLE

A dark, cylindrical object, likely a washer bottle, is shown in a dimly lit environment. The object has several yellow markings, including a large, stylized 'Z' or '7' on the left side and a curved line on the right. A label with the text 'WASHER BOTTLE' is visible in the center. The object is positioned horizontally, and its surface appears to be made of a dark material, possibly plastic or metal. The background is dark and indistinct.





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