



# Written-Off Vehicle Notification Form

Road Traffic (Written-Off Vehicle Register) Regulations 2003

This form must be completed and sent to the jurisdiction where the vehicle is, or was, last licensed before disposing of the vehicle. If the vehicle has never been licensed, the form should be sent to the jurisdiction in which the vehicle was based at the time of the incident. You should check with the applicable licensing authority about vehicle age limits and coverage.

**\*Mandatory information**

DETAILS OF VEHICLE			
VEHICLE TYPE* (PLEASE TICK) <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Caravan <input type="checkbox"/> Trailer <input type="checkbox"/> Motorcycle			
VEHICLE MAKE*	VEHICLE MODEL*	DATE OF MANUFACTURE	
REGISTRATION NUMBER	STATE OR TERRITORY		
VIN / CHASSIS NUMBER (17 CHARACTERS)*	ENGINE NUMBER		
OWNER'S NAME AND ADDRESS			

NOTIFIER DETAILS (high volume or regular notifiers should consult their registration authority about alternative arrangements for reporting of name and other notifier details)	
SURNAME/COMPANY NAME/BUSINESS NAME*	DRIVERS LICENCE NUMBER*
GIVEN NAMES* /ABN# /ACN#*	PHONE*
ADDRESS*	POST CODE
TYPE OF NOTIFIER (Please tick) <input type="checkbox"/> Auction House <input type="checkbox"/> Insurer <input type="checkbox"/> Auto-dismantler <input type="checkbox"/> Dealer <input type="checkbox"/> Assessor <input type="checkbox"/> Other (specify) _____	INSURANCE CLAIM NUMBER*

INCIDENT DETAILS		
INCIDENT DATE	DATE WRITE-OFF DECISION MADE*	NOTIFIER'S REFERENCE NO.
ODOMETER READING	WRITE-OFF TYPE* <input type="checkbox"/> Re-pairable write-off <input type="checkbox"/> <b>Statutory write-off</b>	

STATUTORY DECLARATION	
<b>I declare that the information given on this form is true and correct.</b>	
<i>*Note: Failure to supply all information may result in a \$200 infringement being issued.</i>	
SIGNATURE*	DATE*
IF NOTIFYING ON BEHALF OF A COMPANY OR BUSINESS, PLEASE PRINT FULL NAME HERE	

DAMAGE CODING (refer to reverse side of form for instructions)	
<b>1st Incident type</b> <input type="checkbox"/>	
Damage Location	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Damage Severity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Damage Location	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
Damage Severity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2nd Incident type</b> <input type="checkbox"/>	
Damage Location	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Damage Severity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Damage Location	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41
Damage Severity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**DAMAGE DETAILS\*** (up to two incident types may be recorded)

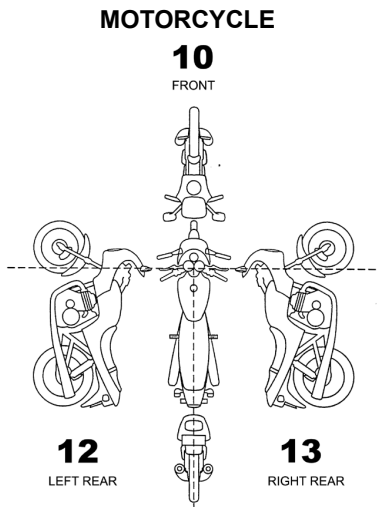
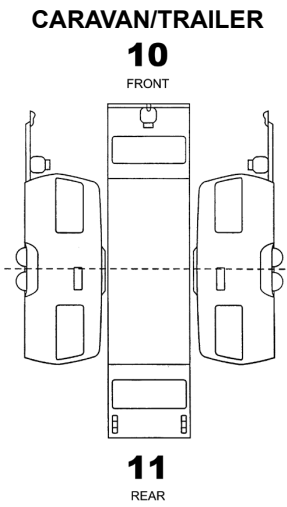
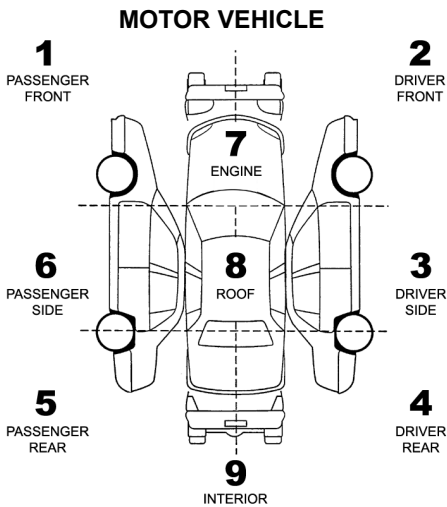
A full description of the national damage assessment criteria for passenger and light commercial vehicles and how to apply them is set out in the publication Damage Assessment Criteria for the Classification of Statutory Write-Offs (2011) published by the National Motor Vehicle Theft Reduction Council and Austroads. A PDF version of the publication can be downloaded free of charge from carsafe.com.au or austroads.com.au

**1. Incident type code:** Select the 'incident type' that has resulted in the damage from one of the six kinds listed below and enter the code letter next to the 1st Incident type. If a second 'incident type' is involved, enter the applicable code letter next to the 2nd Incident type.

**2. Damage location:** Refer to the diagrams and list below and match an appropriate **Damage severity code** to each location where the vehicle is damaged. Enter the 'damage severity codes' against the numbered 'damage locations' in the 1st Incident type table on the front page. Only use the second table if a second incident type has also caused damage.

<b>Incident Type Code</b>	<input type="checkbox"/> Dismantled ( <b>D</b> )	<input type="checkbox"/> Fire ( <b>F</b> )	<input type="checkbox"/> Hail ( <b>H</b> )	<input type="checkbox"/> Impact ( <b>I</b> )
	<input type="checkbox"/> Malicious/Vandalism/Stripping ( <b>M</b> )	<input type="checkbox"/> Water (salt or fresh) ( <b>W</b> )		

**DAMAGE LOCATION**



14	Whole vehicle	21	Chassis/structural rails (driver)	28	D pillar passenger	35	Suspension (driver front)
15	Floor pan (passenger front)	22	A pillar passenger	29	D pillar driver	36	Suspension (passenger rear)
16	Fire wall	23	A pillar driver	30	Engine block (cracked, fractured)	37	Suspension (driver rear)
17	Chassis/structural rails (passenger)	24	B pillar passenger	31	Transmission case	38	Airbag front
18	Floor pan (driver rear)	25	B pillar driver	32	Differential case	39	Airbag side
19	Floor pan (driver front)	26	C pillar passenger	33	Axle housing	40	Airbag curtain
20	Floor pan (passenger rear)	27	C pillar driver	34	Suspension (passenger front)	41	Seat belt pre-tensioner

**DAMAGE AND SEVERITY CODES**

<b>A</b>	Heavy panel (replace panels)	<b>E</b>	Unrepairable	<b>I</b>	Minor stripping	<b>M</b>	Water (fresh)
<b>B</b>	Light panel	<b>F</b>	Major mechanical damage	<b>J</b>	Major vandalism	<b>N</b>	Burnt/blistered
<b>C</b>	Heavy structural	<b>G</b>	Minor mechanical damage	<b>K</b>	Minor vandalism	<b>O</b>	Smoke and heat
<b>D</b>	Light structural	<b>H</b>	Major stripping	<b>L</b>	Water (salt)	<b>P</b>	Minor smoke

**LICENSING AUTHORITY**

Please complete this form and return to Department of Transport - NEVDIS  
**Email:** WOVRA@transport.wa.gov.au  
**Fax:** 1300 305 715  
**Mail:** NEVDIS GPO Box R1290, Perth, Western Australia 6844  
**Web:** http://www.transport.wa.gov.au  
**Enquiries:** 1300 224 090

\*Confidentiality notice  
 The information contained in this form is required by law to be recorded on a written-off vehicle register and may be disclosed or used for investigation, law enforcement or other purposes in accordance with the legislation of the State or Territory concerned. It will not be disclosed to any third parties without consent unless authorised by law. Check with your licensing authority for details of any local variation from these general provisions.