Print Form

HIRER COLLISION or DAMAGE REPORT FORM

Report Number _____ Contact _____ Contact Number _____

Rental Location _____ Stock Number _____

Vehicle Registration Number _____ Make _____ Model _____

Renter

Full Name _____ Occupation _____ Phone Home _____

Address _____ Business _____

_____ Mobile _____

E-Mail Address _____

Employer's Name _____

Employer's Address _____

_____

Driver

Full Name _____ Occupation _____ Phone Home _____

Address _____ Business _____

_____ Mobile _____

E-Mail Address _____

Employer's Name _____

Employer's Address _____

Licence No _____ Expiry Date ___/___/___ State/Country _____ DOB ___/___/___

Have any drugs or alcohol been consumed within 12 hours of the accident? Yes ☐ No ☐

If "yes" what quantity? _____

Witness

Full Name _____ Phone _____

Address _____

_____

Was the witness a passenger in the insured vehicle Yes ☐ No ☐ Or other Vehicle Yes ☐ No ☐

Full Name _____ Phone _____

Address _____

_____

Was the witness a passenger in the insured vehicle Yes ☐ No ☐ Or other Vehicle Yes ☐ No ☐

Full Name _____ Phone _____

Address _____

_____

Was the witness a passenger in the insured vehicle Yes ☐ No ☐ Or other Vehicle Yes ☐ No ☐

Other Vehicles

1. Reg Number _____ Make _____ Model _____

Driver Name _____ Licence No _____ Insurance Co _____

Driver Address _____ Driver Phone _____

Owner Name _____ Owner Phone _____

Owner Address _____

2. Reg Number _____ Make _____ Model _____

Driver Name _____ Licence No _____ Insurance Co _____

Driver Address _____ Driver Phone _____

Owner Name _____ Owner Phone _____

Owner Address _____

Other Property Damage

Yes ☐ No ☐ if "yes" give details _____

Injury

Was any party injured _____ Yes ☐ No ☐ If "yes" give details _____

Name _____

Extent of Injury _____

Name _____

Extent of Injury _____

Accident Details

Date of Incident ____/____/____ Time _____ am/pm

Location (street) _____ City _____ State _____

Road Surface Sealed ☐ Gravel ☐ Dirt ☐ Sand ☐ Other _____

Weather Dry ☐ Wet ☐ Fog ☐ Other _____

Visibility Good ☐ Bad ☐ (give details) _____

Speed Your Vehicle _____ Other Vehicles _____

Police Details

Police Station _____ Phone _____ Police Officer _____

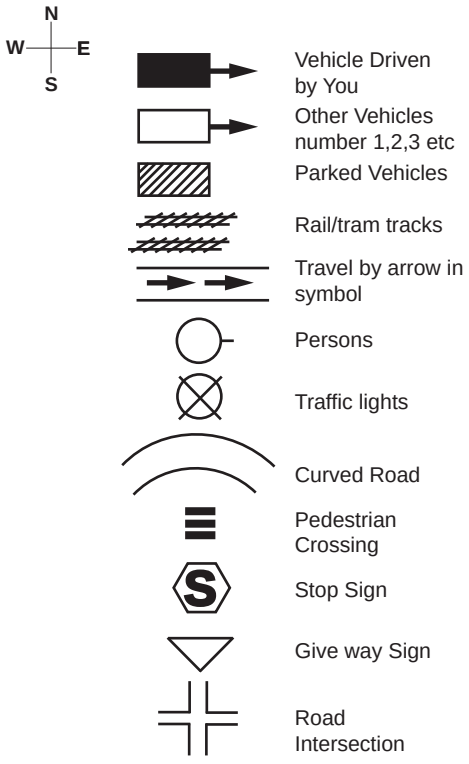
Incident Number _____ Date Reported _____

What Charges _____ Against Whom _____

Who do you consider responsible for this accident and why do you consider that person responsible? _____

Accident Description _____

Sketch Plan (Must be Completed N.B Sketch Diagram using the symbols below).



I/We do herby solemnly and sincerely declare that the information herewith provided by me/us is a true and correct record of the incident as recalled by me/us. I/We further declare that all of the questions have been answered by me/us fully and truthfully and I/we declare that I/we have not withheld any relevant information in respect of the incident described above.

Renter's Signature _____ Date ____/____/____

Driver's Signature _____ Date ____/____/____