

# 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).

N  
W E  
S

-  Vehicle Driven by You
-  Other Vehicles number 1,2,3 etc
-  Parked Vehicles
-  Rail/tram tracks
-  Travel by arrow in symbol
-  Persons
-  Traffic lights
-  Curved Road
-  Pedestrian Crossing
-  Stop Sign
-  Give way Sign
-  Road Intersection

I/We do hereby 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 / /