

INCIDENT FORM

An [Insurance Claim Form](#) is to be completed if another party is involved or if there is major damage.

Driver's Name:	Vehicle Rego:
Licence No:	Licence Country:
Contact No:	Reservation No:
Email:	
Address:	
Date and time of incident:	
Approximate location of incident:	
Do you have rental car excess insurance? <u>YES</u> <u>NO</u>	If yes, please specify insurer:
Were any other vehicles involved? <u>YES</u> <u>NO</u>	
Who do you consider at fault? <u>MYSELF</u> <u>OTHERS</u>	
If others, please indicate:	
Other driver's name:	Vehicle Rego:
Contact No:	Insurance Company:
Description of Incident:	
Witness name:	Contact No:
Email:	Address:
Brief Description of Damage:	

I acknowledge that the information contained on this form is true and accurate and that I will be held liable for the damage to the vehicle. I approve the related charges to my credit card as held on file for this hire.

Hirer name: _____ Hirer surname: _____

Signature of Hirer: _____ Date: _____

*If hirer is not the holder of the credit card we have on file, the cardholder must also sign this form.

Cardholder name: _____ Cardholder surname: _____

Cardholder Signature: _____ Date: _____