



## INCIDENT FORM

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

### Rental Details

Vehicle Registration Plate No: \_\_\_\_\_ Booking No: \_\_\_\_\_  
Driver's Full Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Licence No: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Licence Country: \_\_\_\_\_

### Incident Details

Date and time of incident: \_\_\_\_\_ Do you have rental car excess insurance?  
(damage cover)  YES  NO  
Approximate location of incident: \_\_\_\_\_ If yes, please specify insurer: \_\_\_\_\_

### Other Vehicle/Driver Details (if applicable)

Were any other vehicles involved?  YES  NO  
Who do you consider at fault?  MYSELF  THEM

Vehicle Registration Plate No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Other driver's name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Other driver's email: \_\_\_\_\_ Have they accepted fault?  YES  NO

### Description of Incident and Damages

### Witness Details

Witness Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Witness Email: \_\_\_\_\_ Address: \_\_\_\_\_

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.

Drivers Full Name: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

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

Cardholder Full Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_