



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

Licence Country:

Address:

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: