

# VEHICLE INCIDENT/LOSS REPORT

Claim No: \_\_\_\_\_

☐ A ☐ B ☐ X

## SECTION 1: RENTAL VEHICLE DETAILS

Registration No: \_\_\_\_\_ MVA No: \_\_\_\_\_ Rental Agreement No: \_\_\_\_\_

## SECTION 2: TO BE COMPLETED IN FULL BY THE RENTER/DRIVER OF RENTAL VEHICLE

**Renter's Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_ **Business Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_ **Business Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Licence No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Relationship to renter:** \_\_\_\_\_

State purpose of vehicle use: ☐ Private ☐ Business - Company Name and Phone Number: \_\_\_\_\_

Was rented vehicle a substitute for a vehicle you normally drive? ☐ No ☐ Yes - Insurance company of your vehicle: \_\_\_\_\_

Had any intoxicating liquor or drugs been consumed in the previous 12 hours? ☐ No ☐ Yes - How much and when? \_\_\_\_\_

Was driver breathalised/drug tested/blood tested? ☐ No ☐ Yes - What was the reading? \_\_\_\_\_

## SECTION 3: PARTICULARS OF OTHER VEHICLE DAMAGE

How many third-party vehicles were involved? \_\_\_\_\_ If none, please go to section 4.

### ALL SECTIONS MUST BE COMPLETED FOR EACH VEHICLE

**Vehicle 1:** Make/Model: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Vehicle Owner Name: \_\_\_\_\_ Vehicle Owner Address: \_\_\_\_\_

Was the vehicle owner driving the vehicle? ☐ Yes ☐ No - Provide driver's details below.

**Driver Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Licence No:** \_\_\_\_\_ **Issuing State/Country:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Vehicle 2:** Make/Model: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Vehicle Owner Name: \_\_\_\_\_ Vehicle Owner Address: \_\_\_\_\_

Was the vehicle owner driving the vehicle? ☐ Yes ☐ No - Provide driver's details below.

**Driver Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Licence No:** \_\_\_\_\_ **Issuing State/Country:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Description of damage to third party vehicles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If more than 2 third party vehicles were involved, please provide additional details on an attached page.**

Did any driver make admission of liability? ☐ No ☐ Yes - Provide details: \_\_\_\_\_

Did anyone hold you responsible for the incident? ☐ No ☐ Yes - Provide details: \_\_\_\_\_

## SECTION 4: PARTICULARS OF PROPERTY DAMAGE

Was there any damage to public property? ☐ No ☐ Yes – Provide details: \_\_\_\_\_

Was there any damage to private property? ☐ No – Go to section 5 ☐ Yes – Provide details below:

What is the property address? \_\_\_\_\_

Was the property owner notified? ☐ No ☐ Yes – Provide owner details: \_\_\_\_\_

## SECTION 5: INCIDENT DETAILS

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Street/s Name: \_\_\_\_\_ Suburb: \_\_\_\_\_ State/City: \_\_\_\_\_

Road Conditions: ☐ Wet ☐ Dry Road Surface: ☐ Sealed ☐ Unsealed

Speed of your vehicle 25 metres **prior** to impact: \_\_\_\_\_ Speed of your vehicle at impact: \_\_\_\_\_

Was your vehicle on the correct side of the road? ☐ Yes ☐ No - Describe exact position: \_\_\_\_\_

State who, in your opinion, was responsible for the incident and why: \_\_\_\_\_

State extent of damage/loss to rental vehicle: \_\_\_\_\_

Was vehicle towed from accident scene or drivable? ☐ Towed ☐ Drivable

Explain exactly how the incident occurred – draw in space provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/address & phone number of witnesses (state if independent witness or passenger) \_\_\_\_\_

### DIAGRAM OF ACCIDENT

**A** – RENTAL VEHICLE **B** – THIRD PARTY VEHICLE **C** – ADDITIONAL VEHICLE

Give direction of travel prior to impact and place of impact. Draw and label vehicles with either A, B or C as per example to the right.

**N.B. Indicate any traffic controls, e.g. Give Way Sign, Traffic Lights, Road Markings**



Did a police officer attend the scene? ☐ No ☐ Yes – Name and Station: \_\_\_\_\_ Police Incident No: \_\_\_\_\_

Did you take any images that may assist us? ☐ No ☐ Yes - Please include claim number in the subject line and email to the branch location email address.

## SECTION 6: DECLARATION

I/We declare the information given in this form to be true and correct and agree to provide all necessary assistance in dealing with this claim. I/We authorise the Australia/New Zealand Police and any other third party to release any information relating to the incident giving rise to this claim. I authorise the applicable rental car company to disclose personal information regarding this incident to other third parties to assist in processing the claim. I consent for my debit/credit card to be debited the excess applicable as per my rental agreement. I/We do hereby declare and warrant that the above information is true and correct.

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

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Excess Amount Charged: \$ \_\_\_\_\_ Renting Location: \_\_\_\_\_ Reporting Location: \_\_\_\_\_