



Company Name: _____ Location: _____

Contact Name: _____ Contact Email: _____

Basic Information

Date of Loss _____ Time _____ AM ☐ PM ☐ Unit # _____

Year _____ Make _____ Model _____ Vehicle Identification Number (at least the last 9) _____ License Plate # _____

Location _____
Street _____ City _____ State _____ Zip _____

Were Police Contacted? ☐ Yes ☐ No _____
Department _____ Phone _____ Police Case/Report # _____

Rental Customer Information

Rental Customer Name _____ Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Email _____

Insurance Company _____ Insurance Phone Number _____ Policy Number _____

Driver if different from Customer _____ Address/City/State/Zip _____ Phone _____

3rd Party Information

Year _____ Make _____ Model _____ Vehicle Identification Number (at least the last 9) _____ License Plate # _____

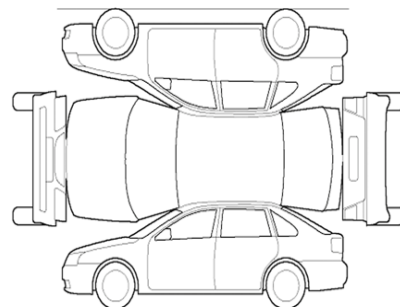
Name of Driver _____ Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Email _____

Insurance Company _____ Insurance Phone Number _____ Policy Number _____

Description of Damage/Incident

Please indicate area(s) of damage



I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

RENTAL CUSTOMER'S SIGNATURE _____

DATE _____

RENTAL AGENT SIGNATURE _____

DATE _____