

# VEHICLE INCIDENT REPORT (PLEASE PRINT)

<b>INCIDENT INFORMATION</b> DATE AND TIME OF INCIDENT _____ LOCATION _____ RENTAL MAKE & MODEL _____ RENTAL LICENSE PLATE, STATE _____ DESCRIBE DAMAGE _____	<b>POLICE INFORMATION</b> <span style="float: right;">INITIAL IF NONE _____</span> POLICE DEPARTMENT _____ OFFICER'S NAME _____ PRECINCT/STATION _____ POLICE DEPT. TEL. _____ POLICE REPORT NUMBER _____
<b>RENTERS INSURANCE INFORMATION</b> INSURANCE COMPANY NAME _____ INS. TEL. _____ INS. POLICY NUMBER _____ INS. CLAIM NUMBER _____	<b>OTHER VEHICLE DRIVER OR PROPERTY OWNER</b> <span style="float: right;">INITIAL IF NONE _____</span> DRIVER'S NAME _____ DRIVER'S ADDRESS _____ CITY, STATE, ZIP _____ DAY TEL. _____ MOBILE TEL. _____ EVENING TEL. _____
<b>RENTAL VEHICLE DRIVER INFORMATION</b> <span style="float: right;">INITIAL IF NONE _____</span> DRIVER'S NAME _____ DRIVER'S ADDRESS _____ CITY, STATE, ZIP _____ DAY TEL. _____ MOBILE TEL. _____ EVENING TEL. _____	<b>OTHER DRIVERS INSURANCE INFORMATION</b> <span style="float: right;">INITIAL IF NONE _____</span> INSURANCE COMPANY NAME _____ INS. TEL. _____ INS. POLICY NUMBER _____ INS. CLAIM NUMBER _____
<b>INJURED OCCUPANTS OF RENTAL VEHICLE</b> <span style="float: right;">INITIAL IF NONE _____</span> NAME & AGE _____ ADDRESS _____ NATURE OF INJURY _____	<b>INJURED OCCUPANTS OF OTHER VEHICLE</b> <span style="float: right;">INITIAL IF NONE _____</span> NAME & AGE _____ ADDRESS _____ NATURE OF INJURY _____
<b>WITNESS INFORMATION</b> <span style="float: right;">INITIAL IF NONE _____</span> WITNESS NAME _____ WITNESS ADDRESS _____ WITNESS PHONE _____	<b>OTHER VEHICLE OR PROPERTY INFORMATION</b> <span style="float: right;">INITIAL IF NONE _____</span> MAKE & MODEL _____ LICENSE PLATE, STATE _____ DESCRIBE DAMAGE _____

DESCRIBE DETAILS OF THE SITUATION. ATTACH EXTRA PAGE IF ADDITIONAL SPACE IS NEEDED. INCLUDE INFORMATION ON TRAFFIC TICKETS ISSUED TO EITHER PARTY.

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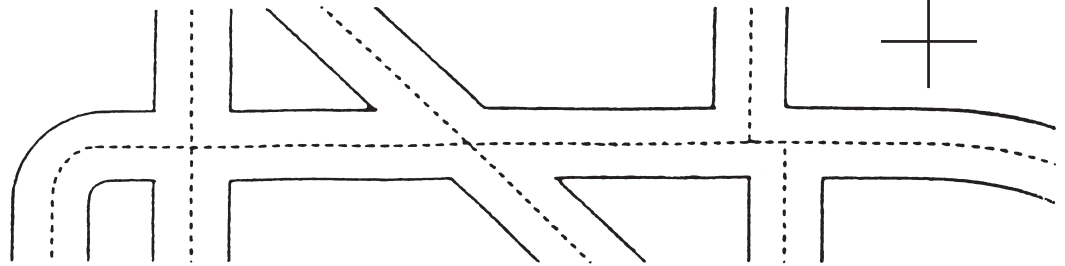
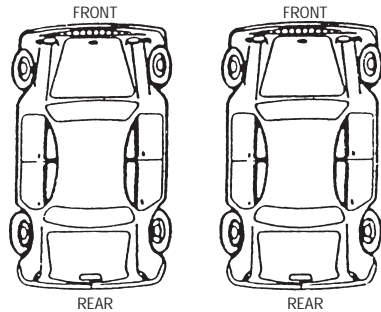
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INDICATE DAMAGED ARE OF RENTAL VEHICLE "X"  
 No Damage  Light  Heavy  Other  
 DRIVEABLE  Yes  No

INDICATE DAMAGED ARE OF OTHER VEHICLE "X"  
 No Damage  Light  Heavy  Other  
 DRIVEABLE  Yes  No

COMPLETE THE DIAGRAM OF THE SCENE  
 Indicate location of vehicles when accident occurred and direction of travel. Identify Rental Vehicle with "R" i.e. R

Indicate points of compass (N, S, E, W)



RENTERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENT SIGNATURE \_\_\_\_\_ EMP NO. \_\_\_\_\_

**SEE IMPORTANT INFORMATION ON REVERSE SIDE**

## EMPLOYEE USE ONLY (PLEASE PRINT)

CLAIM # \_\_\_\_\_

RENTERS NAME \_\_\_\_\_ AGREEMENT NUMBER \_\_\_\_\_ LOCATION \_\_\_\_\_ VEHICLE NUMBER \_\_\_\_\_

DAY TEL. \_\_\_\_\_ MOBILE TEL. \_\_\_\_\_ EVENING TEL. \_\_\_\_\_ EMAIL \_\_\_\_\_

## **IMPORTANT INFORMATION FOR OUR CUSTOMER**

We regret that you have had an unfortunate experience with the rental vehicle while it was on rent to you. We sincerely hope there were no personal injuries related to this incident. Regardless of who was at fault, you must complete this report by the time you return the vehicle. Please provide us with as much information as possible, so that the claims process can be completed in a timely manner. We have prepared this guide to help you understand some of the steps involved with the insurance claims process. This process could take 2 to 4 weeks and frequently longer, to complete.

### **A. If you have accepted and purchased the optional (CDW) Collision Damage Waiver**

The CDW will protect you from the financial responsibility associated with the physical damage to the rental vehicle **provided that you:**

1. Complete a vehicle incident report with all the details required.
  2. Pay the rental charges in full at the time you return the vehicle.
  3. Cooperate completely with the investigation and legal defense of this incident.
  4. Have not violated any of the use restrictions listed in the rental agreement. The most common examples are unauthorized driver and/or providing false or misleading information.
  5. Have not experienced theft or encountered overhead or roof damage to the vehicle.
- If any of these above situations exist, follow part B.

### **B. If you have declined the Collision Damage Waiver (CDW)**

You have agreed to return the rental vehicle in the same condition as when you received it and you have accepted the risk of financial responsibility for damages. **You should contact:**

#### **1. Your credit card company's auto rental insurance program**

In order to protect any benefits you may have, you should make a report to your credit card company immediately regardless of fault. Your credit card company requires you to file a report within a limited number of days from the date the damage occurred. Please call the credit card company imprinted on your rental agreement to determine your benefits.

American Express (800) 338-1670  
Diners Club (800) 346-3779

Master Card (800) 622-7747  
Discover (800) 347-2683

Visa (800) 847-2911

#### **2. The other vehicle insurance or responsible party insurance**

If the driver of the other vehicle was at fault, you need to establish a claim for damages with the insurance company providing coverage for that vehicle. You should contact that insurance company and establish a claim. In most cases you will receive a claim number which **you should forward to the rental claims department within 48 hours.**

#### **3. Your personal or business insurance**

Regardless of who was at fault, you should file a report with your insurance company. They will provide you with a claim number. You must forward the claim number to our claims department within 48 hours. Your personal auto policy may not provide complete coverage for this incident. Consequently, you should expect to be charged for the amount of your deductible, any loss of rental revenue, and/or diminished resale value expenses. To determine your coverage, contact your insurance agent, and advise our claims department of your existing coverage.

As a courtesy to you, if the damage exceeds \$450.00 and providing there is coverage, we will accept payment on your behalf from the following relevant sources; your insurance company and/or your credit card company, or the responsible parties' insurance company.

Damage claims less than \$450.00 will be charged to you as soon as the amount of loss has been determined. Documentation will be forwarded to you so that you may seek reimbursement from any of the previously named sources.

You may expect up to five types of expenses to be associated with this incident. They are: physical damage to the vehicle, towing and storage, loss of rental revenue while the vehicle was being repaired, administrative and appraisal fees, and diminished resale value if the vehicle has sustained structural damage.

### **C. Should You Have Any Questions Or Comments Please Contact Us**

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Rental Claims  
c/o Risk Management Department  
13900 Laurel Lakes Ave., Suite 100  
Laurel, MD 20707