



HIRER COLLISION or DAMAGE REPORT FORM

Report Number _____ Contact _____ Contact Number _____
Rental Location _____ Stock Number _____
Vehicle Registration Number _____ Make _____ Model _____

Renter

Full Name _____ Occupation _____ Phone Home _____
Address _____ Business _____
Mobile _____

E-Mail Address _____
Employer's Name _____
Employer's Address _____

Driver

Full Name _____ Occupation _____ Phone Home _____
Address _____ Business _____
Mobile _____

E-Mail Address _____
Employer's Name _____
Employer's Address _____
Licence No _____ Expiry Date ____ / ____ / ____ State/Country _____ DOB ____ / ____ / ____

Have any drugs or alcohol been consumed within 12 hours of the accident? Yes No
If "yes" what quantity? _____

Witness

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Other Vehicles

1. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____

2. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____