



# Accident/Occurrence/Subrogation Notice Accident Report

Claim Number

# \_\_\_\_\_

## 1. Loss Type

(If SLI has been purchased, check the Supplemental Liability box.)

Check Appropriate Box(es):	<input type="checkbox"/> Regular Rental	<input type="checkbox"/> Employee	<input type="checkbox"/> Corporate Account	<input type="checkbox"/> Government Account	<input type="checkbox"/> Tours	<input type="checkbox"/> Supplemental Liability
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## 2. Rental Location

Business Name:
DBA:
Address:
City:
State:
Phone #:
Contact Name:
Fax #:

## 3. Facts of Loss

Date of Loss:	Time:	
Location of Accident:	City:	State:
Police Agency:	Police Report #:	Police Phone #:
Rental Agreement #:	CDW -LDW Taken Y Yes Y No	City Location #:
How did Accident Occur?		

## 4. Rental Vehicle

Year:	VIN #:	
Make-Model:		
Color:	Plate #:	State:
Area Damaged:		
Vehicle Location:		
Estimated Damage Amount:	# of Occupants:	

## 5. Your Driver *Circle One: Renter/Additional Renter/Employee/Other*

Name:			
Address:	City:	State:	Zip:
Home Phone #:	Work Phone #:	Date of Birth:	Citation: Y Yes Y No
Social Security #:	Driver's Lic. #:	State:	
Injury? Y Yes Y No	Insurance Company/Agent Phone #:		
Injury Type:			
Policy #; Claim #:			

## 6. Renter Information *(If Different Than Driver)*

Name:		
Address:		
City:	State:	Zip:
Home Phone #:	Work Phone #:	
Date of Birth:	Social Security #:	
Driver's Lic. #:	State:	
Insurance Company:	Policy #; Claim #:	

## 7. Other Party *Circle One: Renter/Additional Renter/Employee/Other*

Name:			
Address:	City:	State:	Zip:
Home Phone #:	Work Phone #:	Injury? Y Yes Y No	Injury Type:
Date of Birth:	Social Security #:		
Driver's Lic. #:	State:		
Vehicle or Property <i>(circle one)</i>	Year:	Make:	Model:
Color:	Plate #:	State:	Area Damaged:
Vehicle Location:	Citation: Y Yes Y No		
Property Type:	Insurance Company/Agent Phone #:		
# of Occupants:	Policy #; Claim #:		

## 8. Witness Information

Name:			
Address:	City:	State:	Zip:
Home Phone #:	Work Phone #:		

## 9. Additional Information

*Circle One: Passenger/Pedestrian/Witness/Claimant/Owner/Driver/Attorney*

Name:	Address:	Phone #:	If Injured, Describe:	Check One	Rental Vehicle	Other Vehicle
Why on Premises? (if other liability Claim)			Purpose of Rental? <b>Business - Personal - Replacement</b>			
Date Reported:	Reported By:	Signature (Renter/Additional Renter)	Signature (Reporting Employee)			

Additional Information	Has Vehicle Been Repaired? Y Yes Y No	Repair Cost? _____	Days Loss of Use _____
	DOCUMENTS - Check items that are attached.	Photos	Estimates
		R/A	Police Report