HERTZ INCIDENT REPORT

DAMAGE NO :

1. HERTZ VEHICLE

REGISTRATION NO: _____

2. MAKE/MODEL: _____

3. GROUP: _____

4. KILOMETERS: _____

FOR HERTZ USE ONLY	
R/A No.	
Renting Branch	
Receiving Branch	
Hertz Rep	
Manager Signature	

5. RENTER DETAIL

PLEASE COMPLETE IN BLOCK LETTERS

NAME: _____ TEL NO: _____

ADDRESS: _____ FAX NO: _____

_____ OTHER TEL NO.: _____

E-MAIL:

6. INCIDENT DETAIL

DRIVER NAME: _____ DATE: _____ TIME: _____

STREET: _____ SUBURB: _____ TOWN: _____

POLICE STATION: _____ CASE NUMBER _____

VEHICLE TOWED BY: _____ TEL: _____ SPEED AT TIME OF INCIDENT _____

Please tick ✓ relevant block

Tested for alchohol / drugs:	YES	NO

Road Surface	Gravel	Tar

Was any other person/animal/object involved in the incident?	YES	NO

7. DETAILS

NAME	ADDRESS	TEL NO / FAX / E-MAIL

8. INJURED PERSONS

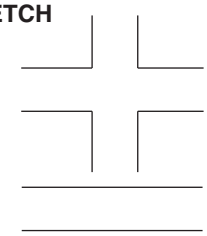
NAME	CONTACT DETAILS	NATURE OF INJURY	DRIVER	PASSENGER
			☐	☐
			☐	☐
			☐	☐
			☐	☐

9. DETAILS OF OTHER VEHICLE/PROPERTY

REG NO:	MAKE:	OWNER:	TEL NO:

10. DESCRIPTION OF THE INCIDENT (HOW DID THE INCIDENT OCCUR?)

SKETCH



11. I / The company accept full responsibility for the damages incurred for which I / The Company am/is liable in terms of the Rental Agreement. My signature on the Rental Agreement authorises Hertz to debit my credit card for damages incurred. I hereby declare that the content of this document to be true in every respect.

Signature: _____ **Name:** _____ **Date:** _____