Hertz

Hertz New Zealand Limited
801 Wairakei Road,
Christchurch, 8053
New Zealand
hcmclaimsNZ@hertz.com

Vehicle Accident Report

Hertz Representative to complete all information in screened areas.
Customer/Driver to complete all other informatin.

☐ Rental (attach copy of Rental Agreement)
☐ Other (attach copy of Trip Ticket or Other Documentation)

Claim Number								

Owning Location	Rental Location	Check in Location	Insurance Included ☐ Yes ☐ No	Excess Charged ☐ Yes ☐ No
Rental Agreement or Trip Ticket No.		Vehicle Unit No.		Amount Charged on R/A $
Vehicle Make and Model		Registration No.		

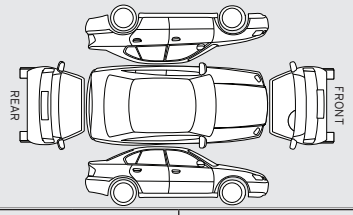
Renter of Hertz Vehicle	Renter's name as shown Rental Agreement		Method of Payment	C.D.P No.	Klm At Check In
	Number and Street		Email address		
			Name of Renter's Employer (only applicable if Company Hire)		
	City/State/Postcode		Renter's Phone No. B: H:		Type of Rental ☐ Business ☐ Lease
Driver of Hertz Vehicle (Vehicle No. 1)	Driver's Name as shown on Driver's Licence		Drivers Licence No.	Expiry Date	Issue State
	Number and Street		D.O.B / SEX	Relation to Renter	No. of Occupants Hertz Vehicle
	City/State/Postcode	Tel No.	Driver's email address		
	Do you have insurance? ☐ Yes ☐ No	Name of your Insurance Co.	Address of Insurance Company		
Other Vehicle or Property in Accident (Vehicle No. 2/or Owner of Property)	Driver's Name		Owner's name if other than Driver		
	Number and Street		Number and Street		
	City/State/Postcode	Tel. No.	City/State/Postcode	Tel. No.	
	Driver's Licence Number and State	Expiry Date	Who was at fault?		
	Age / Sex / No. of Occupants in Vehicle		Describe Damage to Vehicle./Property	Estimated cost of repairs $	
	Vehicle Make and Year	Registration No.	Name and Address of Insurance Company		
Time and Location of Accident	Day, Month, Year / Day of Week	Hour of day ☐ AM ☐ PM	Did Police Attend Accident ☐ Yes ☐ No	Is Police Action Pending? ☐ Yes ☐ No	
	City or Town/Country/State		Name of Investigating Officer, Badge No. and Police Station		
	Street Name and Street Name			What traffic controls apply? Veh. No. 1 Veh. No.2	
	Speed of Vehicle at time of Accident Veh No. 1 k.p.h Veh No. 2 k.p.h		Traffic Violations charged to Drivers as result of Accident Veh No. 1 Veh No. 1		

Persons injured or killed	1	Name and Address	Tel No.		Age	Sex
		Occupant Veh No. / ☐ Pedestrian	Describe injuries			
	2	Name and Address	Tel No.		Age	Sex
		Occupant Veh No. / ☐ Pedestrian	Describe injuries			
Witnesses to accident	1	Name and Address	Tel No.	Occupant Veh No. / ☐ Pedestrian	Age	Sex
	2	Name and Address	Tel No.	Occupant Veh No. / ☐ Pedestrian	Age	Sex

Statement of Driver of Hertz Vehicle (Please attach additional information if needed.)
Description and Apparent Cause of Accident

Additional documents attached ☐ Yes ☐ No

INDICATE DAMAGE AREA OF HERTZ VEHICLE "X"
To be completed by Hertz Staff



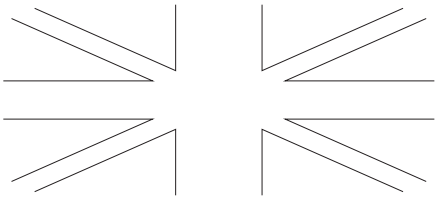
BODY DAMAGE STATUS

☐ No Damage ☐ Light
☐ Heavy ☐ Other Explain

DRIVABLE ☐ Yes ☐ No

DIAGRAM
Mark Hertz Car

INDICATE NORTH



IF TOWED, Towing Company	MAINTENANCE DEPT ADVISED ☐ Yes ☐ No	CURRENT LOCATION OF VEHICLE
Date	PLEASE PRINT NAME OF HERTZ REPRESENTATIVE	PLEASE PRINT BRANCH/STATE MANAGER'S NAME

Personal signature of Driver Hertz Vehicle Date