



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									
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Hertz Australia PTY Limited  
ABN 31 004 407 087  
Level 15, 636 St Kilda Road,  
Melbourne, VIC 3004 Australia  
austgar@hertz.com

Owning Location	Rental Location	Check in Location	Insurance Included <input type="checkbox"/> Yes <input type="checkbox"/> No	Excess Charged <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Agreement or Trip Ticket No.		Vehicle Unit No.		Amount Charged on R/A \$
Vehicle Make and Model			Registration No.	

### Vehicle Accident Report

<b>Renter of Hertz Vehicle</b>	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 <input type="checkbox"/> Business <input type="checkbox"/> Lease				
<b>Driver of Hertz Vehicle (Vehicle No. 1)</b>	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				
	City/State/Postcode		Tel No.		Driver's email address						
	Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of your Insurance Co.		Address of Insurance Company						
<b>Other Vehicle or Property in Accident (Vehicle No. 2/or Owner of Property)</b>	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						
<b>Time and Location of Accident</b>	Day, Month, Year		Day of Week		Hour of day <input type="checkbox"/> AM <input type="checkbox"/> PM		Did Police Attend Accident <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Police Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	City or Town/Country/State				Name of Investigating Officer, Badge No. and Police Station						
	Street Name		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						
	Name and Address		Tel No.				Age		Sex		
<b>Persons injured or killed</b>	1	Occupant Veh No.		<input type="checkbox"/> Pedestrian		Describe injuries					
	2	Name and Address		Tel No.		Age		Sex			
<b>Witnesses to accident</b>	1	Name and Address		Tel No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian		Age	Sex
	2	Name and Address		Tel No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian		Age	Sex

Statement of Driver of Hertz Vehicle (Please attach additional information if needed.) **Additional documents attached**  Yes  No  
Description and Apparent Cause of Accident

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

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

DIAGRAM Mark Hertz Car

INDICATE NORTH

Personal signature of Driver of Hertz Vehicle Date