



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 Incident 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 Incident (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	
	Vehicle Make and Year		Registration No.	Name and Address of Insurance Company	

<b>Time and Location of Incident</b>	Day, Month, Year	Day of Week	Hour of day <input type="checkbox"/> AM <input type="checkbox"/> PM	Did Police Attend Incident <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 _____ and _____		Street Name _____		What traffic controls apply? Veh No. 1 _____ Veh No.2 _____	
	Speed of Vehicle at time of Incident Veh No. 1 _____ k.p.h Veh No. 2 _____ k.p.h			Traffic Violations charged to Drivers as result of Incident Veh No. 1 _____ Veh No. 1 _____		
	Name and Address		Tel No.	Age	Sex	

<b>Persons injured or killed</b>	1	Name and Address		Tel No.	Age	Sex
		Occupant Veh No.	<input type="checkbox"/> Pedestrian	Describe injuries		
	2	Name and Address		Tel No.	Age	Sex
		Occupant Veh No.	<input type="checkbox"/> Pedestrian	Describe injuries		

<b>Witnesses to incident</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 Incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDICATE DAMAGE AREA OF HERTZ VEHICLE "X" To be completed by Hertz Staff	BODY DAMAGE STATUS
	<input type="checkbox"/> No Damage <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Other Explain
	DRIVABLE <input type="checkbox"/> Yes <input type="checkbox"/> No

DIAGRAM Mark Hertz Car	INDICATE NORTH

IF TOWED, Towing Company	MAINTENANCE DEPT ADVISED <input type="checkbox"/> Yes <input type="checkbox"/> No	CURRENT LOCATION OF VEHICLE
Date	PLEASE PRINT NAME OF HERTZ REPRESENTATIVE	PLEASE PRINT BRANCH/STATE MANAGER'S NAME

Personal signature of Driver of Hertz Vehicle \_\_\_\_\_ Date \_\_\_\_\_