

FAX REPORT TO OFFICE SHOWN ON BACK OF FORM

VEHICLE INCIDENT REPORT

FOR OFFICE USE ONLY — COMPANY REPRESENTATIVE TO COMPLETE ALL INFO PERTAINING TO OFFICE USE AND FAX REPORT TO HCM OFFICE (SEE BACK FOR INFO)

Today's Date MMDDYYYY	Rental Agreement or Trip Ticket: _____		
Vehicle Owning Area Number _____	Vehicle Unit No. _____	Mileage _____	
Renting Location Number	Return Location Number	License Plate No. & ST/Province	ASAP-HLES-Cars+ID OF COMPANY Representative

Check here if employee accident and fill in the information to the right. Work Location \_\_\_\_\_ Job Title \_\_\_\_\_

CUSTOMER / DRIVER TO COMPLETE ALL INFORMATION BELOW

Date & Time of Incident	Location of the Incident (City, State / Province)		
POLICE INFORMATION (Department, Name of Officer, Badge Number, Phone Number)		Police Report Number	
Customer's Name (Last, First)		E-Mail	
Street Address			City, State / Province, Zip Code / Postal Code
Customer's Phone No.	Work:	Home:	Cell:
Name of Customer's Insurance & Policy No.		Insurance Phone No.	
Name of Customer's Employer & Address		TYPE OF RENTAL BUSINESS      Pleasure      Insurance Replacement	

<b>Driver of Rental Vehicle (Only if different from renter)</b>	Driver's Name as it shows on the Driver's License	Driver's Age	Relation to Renter	No. of Occupants Rental Vehicle
	Street Address			Telephone No.
	Driver's License No. & Issue State / Province	Name of Insurance Company & Agent	Tel. No.	Policy No.

<b>Driver or Owner of Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)</b>	Driver's or Owner Name (If different see boxes below)		Telephone No.	E-mail	
	Driver's Name		Owner's Name		
	Street Address		City, State / Province, Zip Code / Postal Code	Street Address	
	Name of Insurance Co. & Agent		Phone No.	Policy No.	
	Vehicle Make/Model & Year		License Plate No. & State / Province	No. of Occupants in Vehicle	

Describe Damage to Vehicle / Property \_\_\_\_\_

<b>Persons Injured or Killed</b>	Name and Street Address, City, State / Province, Zip Code / Postal Code		Telephone No.	Age	Sex
	Occupant Veh. No.	Pedestrian	Describe Injuries		

<b>Witnesses to Accident</b>	Name & Street Address, City, State / Province, Zip Code / Postal Code		Tel. No./E-mail

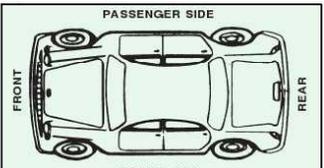
**DRIVER/CUSTOMER STATEMENT: EXPLAIN THE CAUSE OF DAMAGE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver acknowledges that damage to the rental vehicle as indicated occurred during the customer's rental of the vehicle. Driver further agrees to cooperate with HCM investigation of the incident.	<b>CUSTOMER / DRIVER SIGNATURE</b>
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<b>Is Rental Vehicle Drivable?</b> Yes    No _____ <b>Current Location of Vehicle</b> _____ <b>If Towed, Road Call No.</b> _____	<b>INDICATE DAMAGED AREA OF RENTAL VEHICLE "X"</b> 	<b>BODY DAMAGE STATUS</b> <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Overhead <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown <input type="checkbox"/> Other Explain _____ _____
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If this section is completed, fax the report to 1-866-888-4406; otherwise send all others to 1-866-285-0745

## **IMPORTANT DAMAGE RESPONSIBILITY NOTICE**

In most cases, if Loss, Collision or Partial Damage Waiver was not accepted at the commencement of the rental, or you do not have other contractually provided damage coverage:\*

**The person whose name appears on the Rental Agreement will be held financially responsible for damage to the rental vehicle.**

In many cases your own automobile insurance policy and/or some charge card companies cover damage to a rental vehicle. In order to be eligible for these important benefits, you should notify your auto insurance company and/or your charge card company as soon as possible of a potential claim.

**We strongly recommend you do not wait to hear from our claims handling department before notifying your insurance company and/or your charge card company of this potential claim. A delay in notifying them may limit or entirely negate coverage, especially in the case of coverage provided by charge card companies.**

**Please note that where coverage is offered, charge card companies may require their card to be used both at the commencement of the rental and at return. If you change cards at return from the one presented at time of rental, or pay with an alternate form of payment, such as cash, this may also limit or negate your coverage.**

\*Please refer to the specific terms and conditions provided to you at time of rental to determine your specific level of damage responsibility.

You and any authorized operators must cooperate fully with HCM investigation of any incident and defense of any claim involving the rented vehicle. Such cooperation includes completion of an Incident Report.

### **Rentals in New York only**

**Pursuant to New York law, an Incident Report must be completed within ten days of receipt.**

Customer: Please return completed form to a Company representative or fax to the appropriate fax number.

Staff: **Incident Reports must be faxed by the end of each business day to the appropriate fax number below.**

**All Incident Reports must be faxed to HCM at 1-866-295-0745. Except when the sections on the front of the Incident Report "Driver or Owner of the vehicle" and/or "Persons injured or killed" are completed, the report should be faxed to 1-866-888-4406**

Correspondence should be sent to: HCM First Notice Of Loss Unit, PO Box 612127 DFW Airport, TX 75261 or email: [hcmfirstnoticeofloss@hertz.com](mailto:hcmfirstnoticeofloss@hertz.com)

**For all inquiries about this claim, please contact HCM at 1-877-584-7159.**