Please print, scan, and email the signed form to: hcmfirstnoticeofloss@hertz.com You must have the following information in order to submit the form online: date and time of the accident as well as either the rental agreement number or the license plate number and state of the Hertz, Dollar or Thrifty vehicle.

			-				inty vernicie.			
	Too	day's Date	□ <i>Hert.</i>	Z _® DOL			/as there an Injury or	Fatality?		
			Vohic	do Incid	dont	Report				
n	m d	d y y y y	venic	le ilici	uent i	report				
	·	: Please provide one vide Rental Agreem		se Plate/State.	PASSENGER SIDE DRIVER SIDE					
	RENTER/DRIVER/SUBMITTER STATEMENT: EXPLAIN THE CAUSE OF DAMAGE:									
	Renter/Driver acknowledges that damage to the rental vehicle as indicated occurred during their rental of the RENTER/DRIVER/SUBMITTER SIGNATURE									
	vehicle. Rente	er/Driver/Submitter further a			the incident.					
cle	Name (Last, Fi	rst)			Email					
	Street Address	dress City, State / Province, Zip Code / Postal Code								
	Telephone No.	elephone No.								
Veh	Work: Name of Insura	Home:			Cell: Phone No. Policy No.					
Renter of Vehicle						Tolloy No.				
	Name of Credit	f Credit Card Issuer Card Type					Claim No.			
~	Name of Emplo	Employer & Address TYPE OF RENTAL								
	Business Pleasure Insurance Replacement									
	Date & Time of	Location of the Incident (City, State / Province)								
	POLICE INFORMATION (Department, Name of Officer, Badge No., Phone No.) Police Report No.									
tal		Driver's Name				Driver's Age Relation to Renter No. of Occupants				
Driver of Rent	(Only if	in Rental Vehicle								
	different	Street Address City, State / Province, Zip Code / Postal Code Phone No.								
Drive	from renter)	Driver's License No. & Issue S	state / Province	Name of Insurance Con	mpany & Agent	Phone No	Policy	No.		
		Driver's Name Phone No Email								
	Driver or Owner of	Owner's Name (if different from driver) Phone No Email								
	Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)	Street Address City, State / Province, Zip Code / Postal Code Street Address City, State / Province, Zip Code / Postal Code								
		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								
		Name and Street Address, City, State / Province, Zip Code / Postal Code Phone No. Age Sex								
	Persons	and offeet Address, Off		Sac / Footal Gode				7.90		
	Injured	Occupant Veh. No.	Pedestrian Des	cribe Injuries						

IMPORTANT DAMAGE RESPONSIBILITY NOTICE

In most cases, if Loss 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 such benefits, you should notify your automobile insurance carrier and/or charge card company as soon as possible of a 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 refer to the specific terms and conditions provided to you at the time of rental to determine your specific level of damage responsibility.

RENTALS IN NEW YORK ONLY:

FAILURE TO COMPLETELY AND ACCURATELY FILL OUT AND RETURN AN INCIDENT REPORT WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE MAY MAKE THE AUTHORIZED DRIVER LIABLE FOR DAMAGES SUSTAINED TO THE RENTAL VEHICLE. EXCEPT WHERE THE DAMAGED VEHICLE IS DETERMINED TO BE A TOTAL LOSS AND SUBJECT TO SALVAGE, THE AUTHORIZED DRIVER OR HIS OR HER INSURER HAS SEVENTY-TWO HOURS FROM THE RETURN OF THE VEHICLE TO NOTIFY THE RENTAL COMPANY THAT HE OR SHE WISHES TO INSPECT THE DAMAGED VEHICLE. THE INSPECTION MUST BE COMPLETED WITHIN 7 BUSINESS DAYS OF THE RETURN DATE OF THE VEHICLE. IF THE AUTHORIZED DRIVER OR HIS OR HER INSURER DOES NOT REQUEST THIS INSPECTION WITHIN THE 72 HOUR PERIOD. THE AUTHORIZED DRIVER OR HIS OR HER INSURER WILL BE DEEMED TO HAVE WAIVED THIS RIGHT. IF THE RENTAL COMPANY DETERMINES THE DAMAGED VEHICLE TO BE TOTAL LOSS AND SUBJECT TO SALVAGE, SUCH 72 HOUR PERIOD FOR NOTIFICATION OR WAIVER OF THE WISH TO INSPECT THE DAMAGED VEHICLE SHALL NOT APPLY, AND SUCH RIGHT TO INSPECT THE DAMAGED VEHICLE SHALL EXPIRE TEN BUSINESS DAYS FROM THE AUTHORIZED DRIVER'S RECEIPT OF THIS NOTICE FROM THE RENTAL VEHICLE COMPANY AT THE RETURN OF THE VEHICLE OR RECEIPT OF THE FIRST MAILING OF THIS NOTICE IN THE EVENT OF THE RETURN OF THE VEHICLE BY AUTOMATION OR AFTER HOURS. UPON REQUEST OF THE AUTHORIZED DRIVER OR HIS OR HER INSURER, WE WILL PROVIDE A COPY OF OUR ESTIMATE OF THE COSTS OF REPAIRING THE DAMAGED MOTOR VEHICLE.

Customer: Please return completed form to a Company Representative or email per Submission Instructions below.

Vehicle Incident Report Submission Instructions

- ⇒ Incident Reports involving damage to the **rental vehicle only** must be sent to **HCMFirstNoticeofLoss@Hertz.com**.
- ⇒ Incident Reports involving injury or death and/or damage to other vehicles or property must be sent to HCMFirstNoticeofLoss_bipd@Hertz.com.
- ⇒ Any other correspondence should be emailed to HCMfirstnoticeofloss@hertz.com.

 Please include the rental agreement number on each page of the correspondence.