

VEHICLE DAMAGE INCIDENT REPORT

RAC

Rental Location Out:

Rental Location In:

Rental Agreement #:

DRIVER OF RENTED VEHICLE

Name:	Address:		
City:	State:	Zip:	Phone:
Business Name	Business Address:	Business Phone:	
Comments:			

RENTAL VEHICLE INFO

Unit #:	Year:	Make:	Model:
License Plate & State:	Current Milage:	Type of Damage:	
Coverage Taken: LDW RLP SLI	Responsibility:	Type of Use: Business Pleasure Other	

TIME AND LOCATION OF ACCIDENT

Date & Hour of Accident:	Exact Location of Accident (Address):		
Were Police Called? Yes No	If so, what department?	Report #:	Officer's name:
Was a citation issued? Yes No	To whom?	Reason?	
Number of vehicles involved:			

OTHER VEHICLE INVOLVED:

Name of owner:	Address:	Phone #:
Vehicle make/model/year:	Plate # and state:	Type of damage:
Driver's name if different than owner:	Address:	Phone #:
Insurance carrier & policy number (owner):	Insurance carrier & policy number (driver):	

COMPLETE STORY OF ACCIDENT BY DRIVER:

Summary (use back of form if necessary):

Do you own an automobile? Yes No	Name of your liability insurance company:	Your Policy #:
Signature:		Date:

Please read before signing this report: The above statement you have provided Simply RAC, is a complete and accurate account of the cause or event leading to the damage to our or any other vehicle.

