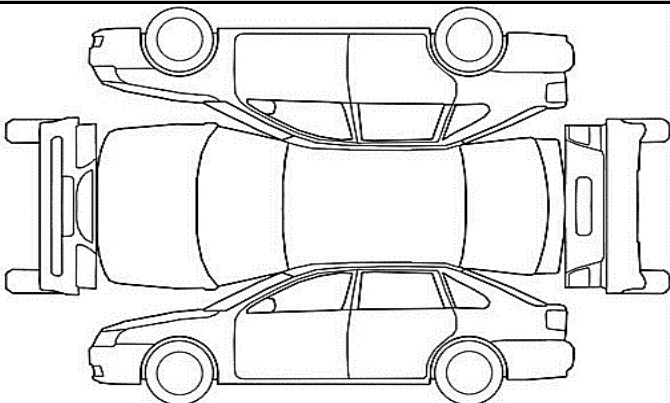


Accident Report



Date	Branch	Folio													
Plate	IVN:	Make	Model												
Driven by at the time of accident:		Specify Name:													
<input type="checkbox"/> Customer <input type="checkbox"/> Add. Driver <input type="checkbox"/> Other		_____													
Rental Agreement Number (RA) LDW PDW95 PDW90 PDW85 OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Accident _____ Time _____ Place of Accident _____													
Customer Name _____ Driver Name _____ Nationality _____ Contract Amount _____ Driver authorized <input type="checkbox"/> YES <input type="checkbox"/> NO		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 20px; text-align: center; vertical-align: middle;">Town</td> <td>Address _____</td> </tr> <tr> <td>Crossing Streets _____</td> </tr> <tr> <td>Neighborhood _____</td> </tr> <tr> <td rowspan="3" style="width: 20px; text-align: center; vertical-align: middle;">Road</td> <td>City _____ State _____</td> </tr> <tr> <td>Road _____</td> </tr> <tr> <td>Stretch of Road _____</td> </tr> <tr> <td colspan="2">Road KM. Number _____</td> </tr> </table>		Town	Address _____	Crossing Streets _____	Neighborhood _____	Road	City _____ State _____	Road _____	Stretch of Road _____	Road KM. Number _____			
Town	Address _____														
	Crossing Streets _____														
	Neighborhood _____														
Road	City _____ State _____														
	Road _____														
	Stretch of Road _____														
Road KM. Number _____															
Was our insurance company involved <input type="checkbox"/> YES <input type="checkbox"/> NO Accident Number: _____ Responsible according to official survey <input type="checkbox"/> DRIVER <input type="checkbox"/> 3RD PARTY Was the vehicle detained by police <input type="checkbox"/> YES <input type="checkbox"/> NO Reason for detention _____ Vehicle's current location _____ Damages to vehicle caused by accident _____ _____ _____															
Damages to rental vehicle															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px;">+</td> <td>Paint Peeling</td> </tr> <tr> <td style="width: 10px;">X</td> <td>Dent</td> </tr> <tr> <td style="width: 10px;">R</td> <td>Scratch</td> </tr> <tr> <td style="width: 10px;">└</td> <td>Windshield crack</td> </tr> <tr> <td style="width: 10px;">*</td> <td>Bullseye, stars break</td> </tr> <tr> <td style="width: 10px;">●</td> <td>Tire damage</td> </tr> </table>				+	Paint Peeling	X	Dent	R	Scratch	└	Windshield crack	*	Bullseye, stars break	●	Tire damage
+	Paint Peeling														
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*	Bullseye, stars break														
●	Tire damage														
Injured people (in rental car)															
Name	Age	Hospital (if applies)	Relation with customer												
_____	_____	_____	_____												
_____	_____	_____	_____												
_____	_____	_____	_____												
Third Parties involved															
Vehicles	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the owner	Adress												
Make		Model Plate	Phone number												
		Description of Damages	Insurance Company												
Building	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the owner	Adress												
		Description of Damages	Phone number												
Injured People (from other vehicles or pedestrians)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name	Adress												
			Phone number												
Description of Accident by Driver: _____ _____ _____ _____ _____															
Customer's Name		Customer's Signature													
_____		_____													
		Place and date													
