



ACCIDENT / INCIDENT REPORT



RENTER INFORMATION (CUSTOMER)

NAME: _____

ADDRESS: _____

CITY, POSTAL CODE: _____

EMAIL: _____

PHONE (PREFERRED CONTACT #): _____

VEHICLE USE BUSINESS PERSONAL
(IF BUSINESS PLEASE LIST NAME OF COMPANY)

OPERATOR (DRIVER): _____

INSURANCE COMPANY INFO: _____

RENTAL VEHICLE INFORMATION

PLATE: _____ PROVINCE: _____

MAKE/MODEL _____

RENTAL AGREEMENT: _____

NAME OF PERSON COMPLETING FORM (Please print): _____

RENTER SIGNATURE _____ DATE _____

TO CONTACT US:

TOLL FREE: 888-777-9202 TEL: 416-800-1222
EMAIL: claims@citycarandtruckrental.com
FAX #'s - 416-746-0700

INCIDENT DETAILS

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____ AM/PM

CITY/PROVINCE _____

WERE POLICE CALLED? YES NO
IF YES, PLEASE PROVIDE POLICE DEPT / RPT#:

OTHER VEHICLES INVOLVED: YES NO
IF YES, PLEASE PROVIDE:

OWNER/DRIVER NAME: _____

CONTACT PHONE #: _____

ADDRESS: _____

CITY/PROVINCE /POSTAL CODE _____

YR/MAKE/MODEL: _____

INSURANCE INFORMATION: _____

WAS ANYONE INJURED? YES NO
IF YES, PLEASE PROVIDE:

PARTY INJURED: _____

CONTACT INFO: _____

INCIDENT DESCRIPTION

- RENTAL VEHICLE STRUCK IN REAR
- OTHER VEHICLE(S) STRUCK IN REAR
- INTERSECTION COLLISION
- PARKING LOT COLLISION/ INCIDENT
- PARKED & UNOCCUPIED
- TIRE GLASS
- OTHER (PLEASE PROVIDE DESCRIPTION):

