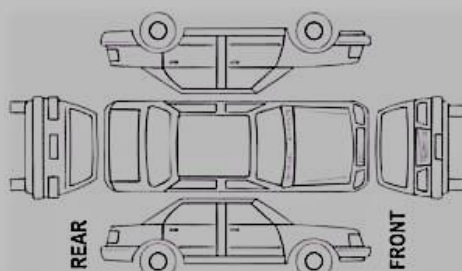




Rental Agreement Number		Vehicle Registration	
CDW Included Yes <input type="checkbox"/> No <input type="checkbox"/>	Excess Charged Yes <input type="checkbox"/> No <input type="checkbox"/>	Excess Amount Charged \$	
Refund Processed Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount Refunded: \$	Date:	Signed:

Vehicle Accident Report

Renter of Ezi Vehicle	Name:		
	Phone:		
	Email:		
Driver of Ezi Vehicle (if different from Renter)	Name:		
	Listed on RA Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Licence Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
Incident Details:	Date:	Time:	
	Location of Incident:		
	Did Police Attend: Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Event No:	
Incident Description:	Parking Collision / Incident <input type="checkbox"/>	Parked & Unoccupied <input type="checkbox"/>	
	Windscreen <input type="checkbox"/>	Intersection Collision <input type="checkbox"/>	
	Rental Vehicle struck in rear <input type="checkbox"/>	Other Vehicle Struck in rear <input type="checkbox"/>	
	Other (Please Provide Description):		
LIABILITY	Customer at Fault Yes <input type="checkbox"/> No <input type="checkbox"/>	Third Party at Fault Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sketch Plan of Accident (if Applicable)	<p><u>Indicate:</u></p> <ol style="list-style-type: none"> Road Layout Road Signs & Markings Position of vehicles at impact Path vehicles travelled 		
3rd Party Details (if applicable)	Vehicle Registration:	Damage to Property (not vehicle) Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Insurance Company:		
	Driver Name:		
	Email address:	Phone:	
Customer Signature:		Date:	

Damage Status Slight <input type="checkbox"/> Medium <input type="checkbox"/> Extensive <input type="checkbox"/> Write Off <input type="checkbox"/>	Indicate Damage Area on the Vehicle: 	
<i>Fleet Controller / Manager to Complete</i> Branch Repair Purchase Order <input type="checkbox"/> Branch Repair Pending <input type="checkbox"/> Insurance Repair Claim <input type="checkbox"/> Notes for Claim Handler (eg Repairer):		
Current Location of Vehicle (eg, Tow Company, Panel Shop):	Responsible Ezi Branch:	Ezi Representative Name: