

HIRER COLLISION or DAMAGE REPORT FORM

Hire ID/Number _____ Contact _____ Contact Number _____
Rental Location _____ Stock Number _____
Vehicle Registration Number _____ Make _____ Model _____

TO UPLOAD PHOTOS AND COMPLETE ONLINE - GO TO:

<https://bit.ly/handyrentals-accident>



OR Scan the QR code with your mobile device.

Hirer/Driver

Full Name _____ Occupation _____ Phone Home _____
Address _____ Business _____
_____ Mobile _____
E-Mail Address _____
Employer's Name _____
Employer's Address _____
Licence No _____ Expiry Date ____ / ____ / ____ State/Country _____ DOB ____ / ____ / ____
Have any drugs or alcohol been consumed within 12 hours of the accident? Yes No
If "yes" what quantity? _____

Witness

Full Name _____ Phone _____
Address _____
Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No
Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No
Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Other Vehicles

1. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____

2. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____

Other Property Damage

Yes No if "yes" give details _____

Injury

Was any party injured _____ Yes No If "yes" give details _____

Name _____

Extent of Injury _____

Name _____

Extent of Injury _____

Accident Details

Date of Incident ____ / ____ / ____ Time ____ am/pm

Location (street) _____ City _____ State _____

Road Surface Sealed Gravel Dirt Sand Other _____

Weather Dry Wet Fog Other _____

Visibility Good Bad (give details) _____

Speed Your Vehicle _____ Other Vehicles _____

Police Details

Police Station _____ Phone _____ Police Officer _____

Incident Number _____ Date Reported _____

What Charges _____ Against Whom _____

Who do you consider responsible for this accident and why do you consider that person responsible? _____

Accident Description _____

Sketch Plan (Must be Completed N.B Sketch Diagram using the symbols below).

	Vehicle Driven by You
	Other Vehicles number 1,2,3 etc
	Parked Vehicles
	Rail/tram tracks
	Travel by arrow in symbol
	Persons
	Traffic lights
	Curved Road
	Pedestrian Crossing
	Stop Sign
	Give way Sign
	Road Intersection

I/We do hereby solemnly and sincerely declare that the information herewith provided by me/us is a true and correct record of the incident as recalled by me/us. I/We further declare that all of the questions have been answered by me/us fully and truthfully and I/we declare that I/we have not withheld any relevant information in respect of the incident described above.

Renter's Signature _____ Date ____ / ____ / ____

Driver's Signature _____ Date ____ / ____ / ____