FAX REPORT TO OFFICE SHOWN ON BACK OF FORM

VEHICLE INCIDENT REPORT

Number Renting Location	on Number	Return Location	Number	License Plate No. & ST.	/Province ASAP-	HLES-Cars+ID OF COMPANY Repr
Che fill in	ck here if employee accid	ent and		7		
till ir	the information to the rig	XX-54(0)	13 3 4 6 6 7 6 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DMPLETE ALL INFORM	b Title	
Date & Time of	of Incident	300101111		nt (City, State / Province)		
POLICE INFO	RMATION (Department, Name o	of Officer, Badge Nun	nber, Phone Number)		Police Report Numb	er
Customer's Na	ame (Last, First)			E-Mail		
Street Address	400 to			City, State / Province, Zi	p Code / Postal Code	
Customer's						
Phone No.	vomer's Insurance & Policy No.	Vork:		Home: Insurance Pho	ne No.	Cell:
	omer's Employer & Address				TYPE OF RENTAL	_
Assert de les	Driver's Name as it shows on	the Driver's License		Driver's Age	BUSINESS Pleasure Relation to Renter	Insurance Replacement No. of Occupants
Driver of Rental		tatien – F. C. (MCP Africa) J. Philosophy (1998)		0471066880 (SAR-C-ROA 4054 (SAR-ROB	ANNESO CASONESS SSS - NASPOSE (\$48.5)	Rental Vehicle
Vehicle (Only if	Street Address		City	r, State / Province, Zip Code / F	Postal Code	Telephone No.
different from renter)	Driver's License No. & Issue S	tate / Province	Name of Insurance	e Company & Agent	Tel. No.	Policy No.
	Driver's or Owner Name (If diff	erent see boxes belo	ow)	Telephone No.		E-mail
Driver or Owner of	Driver's Name Owner's Name					
Other Vehicle or	Street Address City, State / Province, Zip Code / Postal Code Street Address City, State / Province, Zip Code / Postal Code					
Property	Name of Insurance Co. & Age	nt		Phone No.	Policy	No.
(Vehicle no. 2 / or Owner of Property)	Vehicle Make/Model & Year		Licens	se Plate No. & State / Province	No. of C	occupants in Vehicle
	Describe Damage to Vehicle / Property					
	Name and Street Address, City	y, State / Province, Z	ip Code / Postal Code	Tel	ephone No.	Age
Persons Injured or Killed	Occupant Veh. No.	Pedestrian	Describe Injuries			
	B1				•	
Witnesses to Accident	Name & Street Address, City,	State / Province, Zip	Code / Postal Code		Tel. No./E-mail	
DRIVER/CUST	OMER STATEMENT: EXPLAIN	THE CAUSE OF DA	AMAGE:			
		At the properties.	W. 100 Co.	CIIS	TOMER / DRIVER SIGNATUR	5
				ing the customer's	TOWER / DRIVER SIGNATUR	E

*ACCR *

IMPORTANT DAMAGE RESPONSIBILITY NOTICE

In most cases, if Loss, Collision or Partial Damage Waiver was not accepted at the commencement of the rental, or you do not have other contractually provided damage coverage:*

The person whose name appears on the Rental Agreement will be held financially responsible for damage to the rental vehicle.

In many cases your own automobile insurance policy and/or some charge card companies cover damage to a rental vehicle. In order to be eligible for these important benefits, you should notify your auto insurance company and/or your charge card company as soon as possible of a potential claim.

We strongly recommend you do not wait to hear from our claims handling department before notifying your insurance company and/or your charge card company of this potential claim. A delay in notifying them may limit or entirely negate coverage, especially in the case of coverage provided by charge card companies.

Please note that where coverage is offered, charge card companies may require their card to be used both at the commencement of the rental and at return. If you change cards at return from the one presented at time of rental, or pay with an alternate form of payment, such as cash, this may also limit or negate your coverage.

*Please refer to the specific terms and conditions provided to you at time of rental to determine your specific level of damage responsibility.

You and any authorized operators must cooperate fully with HCM investigation of any incident and defense of any claim involving the rented vehicle. Such cooperation includes completion of an Incident Report.

Rentals in New York only

Pursuant to New York law, an Incident Report must be completed within ten days of receipt.

Customer: Please return completed form to a Company representative or fax to the appropriate fax number.

Staff: Incident Reports must be faxed by the end of each business day to the appropriate fax number below.

All Incident Reports must be faxed to HCM at 1-866-295-0745. Except when the sections on the front of the Incident Report "Driver or Owner of the vehicle" and/or "Persons injured or killed" are completed, the report should be faxed to 1-866-888-4406

Correspondence should be sent to: HCM First Notice Of Loss Unit, PO Box 612127 DFW Airport, TX 75261 or email: hcmfirstnoticeofloss@hertz.com

For all inquiries about this claim, please contact HCM at 1-877-584-7159.