

Claim No Claim Type Single Third Party Windscreen

1. VEHICLE DETAILS

Registration No..... Rental Agreement No.....
 Make Model Year

2. TO BE COMPLETED IN FULL BY HIRER / DRIVER OF RENTAL VEHICLE

Hirers Name Mobile No.
 Email Address Home/Business No.
 Residential Address

Drivers Name Mobile No.
 Residential Address Home/Business No.
 Date of Birth Relationship to Hirer
 Licence No. Expiry Date Issuer

Had any intoxicating liquor or drugs been consumed in the previous 12 hours of incident? Yes No
 If Yes, how much and when?

Was the driver breathalised / blood tested? Yes No
 If Yes, what was the reading?

3. PARTICULARS OF OTHER VEHICLE OR PROPERTY DAMAGE

1. Make/Model Registration No. Insurance Company

Drivers Name & Address

Email Address Mobile No.

Owners Name & Address (If different to driver)

Damage to third party vehicle or property

2. Make/Model Registration No. Insurance Company

Drivers Name & Address

Email Address Mobile No.

Owners Name & Address (If different to driver)

Damage to third party vehicle or property

4. THE ACCIDENT / INCIDENT

Date of Accident / Incident Time

Where did the accident/incident occur? Street Name

Road Conditions (tick all appropriate) Gravel Sealed Wet Dry
 Weather Conditions (tick all appropriate) Bright Sun Overcast Dark

Speed limit on road at the time of Accident / Incident

Speed of your vehicle 25 metres from impact *KPH* At impact *KPH*

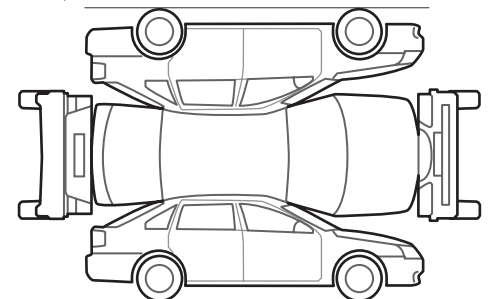
Was your vehicle on the correct side of the road? Yes No

If No, state exact position

Did any driver make admission of liability? Yes No

State who, in your opinion, what/who was responsible for the accident and why

State extent of damage / loss to Rental Vehicle



5. DIAGRAM OF ACCIDENT / INCIDENT

A = Rental Vehicle

B = Third Party Vehicle

C = Second Party Vehicle

Give direction of travel prior to impact and place of impact.

e.g. 

Draw and label vehicles using the above guide.

Indicate any traffic controls.

e.g. road markings, road signs or traffic lights

Description of accident circumstances

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Name, Address & Phone number of witness (state if independent witness or passenger/s)

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Did a Police Officer attend and take particulars?

Yes No

Was the accident reported to the Police?

Yes No

If Yes, Name of Police Officer and Station

Event No.

Have the Police issued a Notice of Intended Prosecution, or given any verbal warning?

Yes No

If Yes, to who and for what alleged offence?

6. PHOTOGRAPHS

Did you take any images that may assist us?

Yes No

If Yes, Please include claim number in the subject line and email to either claims@apexrentals.co.nz (New Zealand) or claims@apexrentals.com.au (Australia)

7. DECLARATION

I consent for my debit/credit card to be debited the excess applicable as per my rental agreement. I/We do hereby declare and warrant that the above information is true and correct.

Signature of Hirer Signature of Driver Date

Checked by Date

Excess Amount Charged

8. ADMINISTRATION USE ONLY

Date Claim Commenced Date Claim Completed

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