

Rental Vehicle Accident Insurance Claim Form

1. Policy Holder Information

Full Name:

Policy Number:

Contact Number:

Email Address:

2. Accident Information

Date of Accident:

Accident Location:

Description of Accident:

Police Report Number (if applicable):

3. Rental Vehicle Details

Rental Company Name:

Vehicle Make & Model:

Vehicle License Plate:

4. Damage Details

Description of Damage:

Repair Estimate (if available):

5. Declaration

☐ I declare that the information provided above is true and complete to the best of my knowledge.

Signature:

Date:

Submit Claim