



Apex Systems Travel Department
 4400 Cox Road
 Glen Allen, VA 23060
 kgilliam@apexsystemsinc.com

Driver to complete all applicable information. Incident Accident

Rental (attach copy of Rental Agreement)
 Other (attach copy of Trip Ticket or Other Documentation)

Claim Number									
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Branch	Apex Contact	Rental Location	Insurance Declined <input type="checkbox"/> Yes <input type="checkbox"/> No	Excess Charged <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Agreement or Trip Ticket No.		Vehicle Unit No.		Amount Charged
Vehicle Make and Model		Registration No.		

Vehicle Incident Report

Renter of Vehicle	Renter's name as shown Rental Agreement		Method of Payment		Corporate Discount Number		Mileage At Check In	
	Number and Street		Email address					
	City/State/Postcode		Name of Renter's Employer					
	Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of your Insurance Co.		Renter's Phone No. B: _____ H: _____		Type of Rental <input type="checkbox"/> Business <input type="checkbox"/> Personal	
Driver of Rental Vehicle	Driver's Name as shown on Driver's License		Drivers License No.		Expiry Date		Issue State	
	Number and Street		D.O.B		SEX		Relation to Renter	
	City/State/Postcode		Tel. No.		Driver's email address			
	Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of your Insurance Co.		Address of Insurance Company			
Other Vehicle or Property in Incident (Vehicle No. 2/or Owner of Property)	Driver's Name		Owner's name if other than Driver					
	Number and Street		Number and Street					
	City/State/Postcode		Tel. No.		City/State/Postcode		Tel. No.	
	Driver's License Number and State		Expiry Date		Who was at fault?			
	Age	Sex	No. of Occupants in Vehicle		Describe Damage to Vehicle./Property			Estimated cost of repairs \$
	Vehicle Make and Year		Registration No.		Name and Address of Insurance Company			
Time and Location of Incident	Day, Month, Year		Day of Week		Hour of day <input type="checkbox"/> AM <input type="checkbox"/> PM		Did Police Attend Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City or Town/Country/State		Is Police Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Street Name		Street Name		and		What traffic controls apply? Veh No. 1 Veh No.2	
	Speed of Vehicle at time of Incident Veh No. 1 m.p.h Veh No. 2 m.p.h		Traffic Violations charged to Drivers as result of Incident Veh No. 1 Veh No. 2					
Persons injured or killed	1 Name and Address		Tel. No.		Age		Sex	
	Occupant Veh No.		<input type="checkbox"/> Pedestrian		Describe injuries			
	2 Name and Address		Tel. No.		Age		Sex	
	Occupant Veh No.		<input type="checkbox"/> Pedestrian		Describe injuries			
Witnesses to incident	1 Name and Address		Tel. No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian	
	2 Name and Address		Tel. No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian	

Statement of Driver of Rental Vehicle (Please attach additional information if needed.) Additional documents attached Yes No
 Description and Apparent Cause of Incident

INDICATE DAMAGE AREA OF HRENTAL VEHICLE "X" To be completed by Hertz Staff

BODY DAMAGE STATUS

No Damage Light
 Heavy Other Explain

DRIVABLE
 Yes No

IF TOWED, Towing Company _____ LEGALDEPT ADVISED Yes No CURRENT LOCATION OF VEHICLE _____

Date _____ PLEASE PRINT NAME OF RENTAL REPRESENTAT _____ VEPLEASE PRINT ACCOUNT MANAGER'S NAME _____

DIAGRAM Mark Rental Car

INDICATE NORTH

Personal signature of Driver of Rental Vehicle _____ Date _____