

Rental Dept. Accident / Damage Report



Galpin Rentals
1763 Ivar Avenue
Hollywood, CA 90028

Email Address:	
Date of Accident / Time:	
Date Report Completed:	

Please complete all fields with as much detail as possible:

Rental Agreement #:	Vehicle #:	Lic Plate #:
Name of Renter #:	Name of Driver	Phone #:
Coordinator Name:	Coordinator Ph	Job Name:
COI on File (circle)	Yes No	If "No" then Provide Insurance Info on the Next Line
Name of Ins Co:	Policy #:	Ins Co Ph#:
Adjuster Name:	Claim #:	Provide Proof of Insurance Card
Was Vehicle Towed?	Yes No	Tow Company:
Is vehicle drivable?	Yes No	If no, Explain:
Was a police report done?	Yes No	Agency:

Rental Car Information:

Describe Damage to Veh :		
Location of Accident:		
Details of Accident: (Be Specific)		
Was driver Injured?	Yes No	If Yes, Explain
Were Passengers Injured?	Yes No	If Yes, Add Names on next lines
Passenger 1 - Name:	Explain Injury:	
Passenger 2 - Name:	Explain Injury:	
Passenger 3 - Name:	Explain Injury:	

Other Party Information:

Name of Driver	Driver Lic #:	Phone #:
Address:	Ins Co:	Policy #:
Make of Vehicle:	Model:	Lic Plate/Vin
Was driver Injured?	Yes No	If Yes, Explain
Were Passengers Injured?	Yes No	If Yes, Add Names on next lines
Passenger 1 - Name:	Explain Injury:	
Passenger 2 - Name:	Explain Injury:	
Passenger 3 - Name:	Explain Injury:	

If there are additional parties involved please use additional accident reports forms

Witnesses Information: Use additional accident forms for more witnesses:

Witnesses Names:	Phone#:
Witnesses Names:	Phone#:

I acknowledge damage to the rental vehicle. I do not have knowledge how the damage occurred.

The person to contact is	Email:	Phone#:
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The above stated information is true and correct

Customer Signature:	Date:
Name Printed:	