

Vibe Rides Claim Form



TYPE OF CLAIM

Auto Insurance Claim

Insurance Co. Name:

Insurance Policy #:

Cleaning Claim

Incident #:

Damage Claim

Incident #:

Auto Insurance Claim: Check this box if you have been involved in an accident and input the name of your automobile insurance company and policy number.

Cleaning Claim: Check this box if you have incurred cleaning fees due to a Rider. Incident numbers are provided by Driver Support after receipt of your initial ticket.

Damage Claim: Check this box if your vehicle has been damaged by a Rider. Incident numbers are provided by Driver Support after receipt of your initial ticket.

DRIVER INFORMATION

Complete Driver Name

(First Name, Surname):

Phone #

(10 Digits):

Mailing Address:

Market (Circle One):

South Florida Tampa Orlando

Houston Dallas

Date of Incident:

Time of Incident:

Complete Driver Name: Input driver's legal name as it appears on their driver's license.

Phone #: Input the best phone number to be used to contact you during the claims process.

Mailing Address: Input the complete mailing address where you wish to receive documents related to your claim.

Market: Select the market in which the incident occurred.

Date of Incident: Input the date the incident occurred.

Time of Incident: Input the time (or approximate) the incident occurred.

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RIDER INFORMATION

Complete Rider Name

(First Name, Surname):

Phone #

(10 Digits):

Mailing Address:

Market (Circle One):

South Florida Tampa Orlando

Houston Dallas

Date of Incident:

Time of Incident:

Complete Rider Name: Input rider's name and Unique Identifier as listed in the App.

Phone #: This field should be left empty. << To be completed by Customer Support >>

Mailing Address: This field should be left empty. << To be completed by Customer Support >>

Market: Select the market in which the incident occurred.

Date of Incident: Input the date the incident occurred.

Time of Incident: Input the time (or approximate) the incident occurred.

AUTO INSURANCE, CLEANING AND DAMAGE EXPLANATION

In your own words, please explain, in detail, the events that preceded the incident, the incident itself (including any conversations and/or behaviors) and any subsequent actions after the incident.

Additional space provided on the last two pages of this document

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AUTOMOBILE INSURANCE CLAIM

DRIVER VEHICLE

Vehicle Identification Number (VIN):

Year / Make / Model:

Driver's Legal Name:

Passenger Name / Phone #

Damage Description:

Location of Vehicle (Complete Address):

Injuries? Yes No

DRIVER VEHICLE

Year / Make / Model:

Driver Name / Address / Phone #

Vehicle Owner Name / Address / Phone #

Passenger Name / Address / Phone #:

Damage Description:

Location of Vehicle (Complete Address):

Injuries? Yes No

Insurance Co. Name:

Agent Info:

Policy #:

POLICE REPORT INFORMATION

Police Department:

Police Report #:

Citation Issued? Yes No

To Whom:

VR Driver Other Driver

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LOSS INFORMATION

Description of Accident:

Additional space provided on the last two pages of this document

Description of Injury / Property Damage:

Where did the accident occur (parking lot, lobby - include complete address)

Ambulance Transportation

Was the injured person transported by ambulance? Yes No

WITNESS INFORMATION

Name/Phone:	<input type="text"/>
Name/Phone:	<input type="text"/>
Name/Phone:	<input type="text"/>
Name/Phone:	<input type="text"/>

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AUTO INSURANCE, CLEANING AND DAMAGE EXPLANATION ...CONTINUED...

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LOSS INFORMATION ... CONTINUED...