

Everything Fleet Renter/Contract Holder/Driver to:  
 1. Complete all information required  
 2. Print Form, complete Sketch Plan and provide Signatures  
 3. Email completed form to [claims@everythingfleet.com.au](mailto:claims@everythingfleet.com.au)

## Vehicle Incident Report













<b>Vehicle Details</b>	Make	Model	Registration Number	
<b>Renter / Contract Holder Details</b>	Your Name as shown on the Contract		Phone Number	Email Address
	Address (number, street, city, state, postcode)			
	Occupation		Name of your Employer (if a Company Hire)	
	Address of your Employer (number, street, city, state, postcode)			Phone Number of your Employer
	Contract Number	Method of Payment	Type of Contract (check box) <input type="checkbox"/> Personal Rental <input type="checkbox"/> Business Rental <input type="checkbox"/> Subscription <input type="checkbox"/> Lease	
<b>Driver of the Vehicle (Vehicle 1)</b>	Driver's Name as shown on Driver's Licence		Driver's Phone Number	Driver's Email Address
	Driver's Address (number, street, city, state, postcode)		Driver's Licence Number	Expiry Date   Issue State
	Relation to Contract Holder		Number of Occupants in Vehicle	D.O.B.   Sex
	Have any drugs or alcohol been consumed within 12 hours of the accident? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what quantity?	
	Do you have Insurance? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Address of your Insurance Company (number, street, city, state, postcode)	
<b>Other Vehicle in Incident (Vehicle 2)</b>	Driver's Name as shown on Driver's Licence		Driver's Phone Number	Driver's Email Address
	Owner's Name if other than Driver		Driver's Licence Number	Expiry Date   Issue State
	Driver's Address (number, street, city, state, postcode)		Number of Occupants in Vehicle	D.O.B.   Sex
	Vehicle Make	Vehicle Model	Registration Number	
	Name of Insurance Company	Address of Insurance Company (number, street, city, state, postcode)		Third Party Claim No.
	Describe Damage to Vehicle / Property			
<b>Other Vehicle in Incident (Vehicle 3)</b>	Driver's Name as shown on Driver's Licence		Driver's Phone Number	Driver's Email Address
	Owner's Name if other than Driver		Driver's Licence Number	Expiry Date   Issue State
	Driver's Address (number, street, city, state, postcode)		Number of Occupants in Vehicle	D.O.B.   Sex
	Vehicle Make	Vehicle Model	Registration Number	
	Name of Insurance Company	Address of Insurance Company (number, street, city, state, postcode)		Third Party Claim No.
	Describe Damage to Vehicle / Property			
<b>Other Property Damage</b>	Was other property damaged in the incident? (check box) <input type="checkbox"/> No <input type="checkbox"/> Yes, provide details...			

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<b>Time &amp; Location of Incident</b>	Date of Incident (day, month, year)	Day of Week	Hour of Day <input type="checkbox"/> AM <input type="checkbox"/> PM
	Location of Incident (number, street, city, state, postcode)	Road Surface <input type="checkbox"/> Sealed <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Sand <input type="checkbox"/> Other, specify...	
	Weather <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Fog <input type="checkbox"/> Other, specify...	Visibility <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Fog <input type="checkbox"/> Other, specify...	
<b>Description and Apparent Cause of Incident</b>	Provide a Description and Apparent Cause of the Incident. Who do you consider responsible for this accident and why do you consider that person at fault?		

### Sketch Plan (using the symbols below)

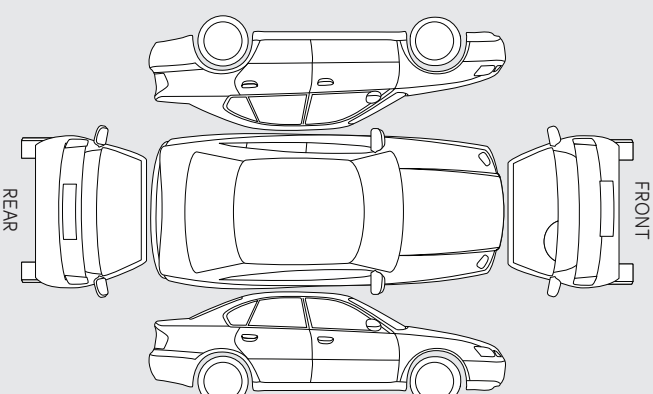
-  Vehicle Driven by You
-  Other Vehicles number 1, 2, 3, etc.
-  Parked Vehicles
-  Rail/tram tracks
-  Travel by arrow in symbol
-  Persons
-  Traffic lights
-  Curved Road
-  Pedestrian Crossing
-  Stop Sign
-  Give Way Sign
-  Road Intersection



<b>Incident Details</b>	Did Police attend Incident? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Police action pending? (check box) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Investigating Officer and Badge Number	
	Police Station		Phone Number	Incident Number
	What Traffic Controls Apply? Vehicle 1: _____ Vehicle 2: _____		Speed of Vehicle at Time of Incident Vehicle 1: _____ Vehicle 2: _____	
	Traffic Violations Charged to Driver's as Result of Incident Vehicle 1: _____ Vehicle 2: _____			

<b>Statement by Renter/Contract Holder</b>	I/We do hereby solemnly and sincerely declare that the information herewith provided by me/us is a true and correct record of the incident as recalled by me/us. I/We further declare that all of the questions have been answered by me/us fully and truthfully and I/we declare that I/we have not withheld any relevant information in respect of the incident described above.	
	Renter/Contract Holder's Signature:	Driver's Signature:
	Date:	Date:

### EVERYTHING FLEET STAFF TO COMPLETE

INDICATE DAMAGE AREA OF EVERYTHING FLEET VEHICLE "X" (to be completed by Everything Fleet Staff)  	BODY DAMAGE STATUS <input type="checkbox"/> No Damage <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Other, explain...		
	Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No    Excess Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount Charged: \$		
	If TOWED, Name of Towing Company:		
	Maintenance Department Advised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Current Location of Vehicle:		
	Name of Staff Member:		