

	Tor	day's Date									
		lay 3 Date	_	_				Was there an I	njury or Fatality?		
Vehicle Incident Report											
m m d d y y y y											
	Required	: Please provide one	or both of the	he following:			<u>INC</u>	PASSENG		<u>LE "X"</u>	
	Must provide Rental Agreement No. or License Plate/ Rental Agreement No. License Plate				/State.			DRIVER SIDE			
	RENTER/DRIV	/ER/SUBMITTER STATEMENT									
	Renter/Driver acknowledges that damage to the rental vehicle as indicated occurred during their rental of the vehicle. Renter/Driver/Submitter further agrees to cooperate with PRIME'S investigation of the incident.										
el:	Name (Last, First) Email										
	Street Address	ress City, State / Province, Zip Code / Postal Code									
	Telephone No.	10.									
ehi	Work:			Cell:							
Renter of Vehicle	Name of Insura	rance Co. & Agent			Phone No.			Policy No.			
	Name of Credit	ame of Credit Card Issuer Card Type			Phone No.			Claim No.			
	Name of Employer & Address				TYPE OF RENTAL Business Pleasure				nsurance Replacement		
	Date & Time of	ate & Time of Incident Location of the Incident (City, State / Province)									
	POLICE INFOR	RMATION (Department, Name of	of Officer, Badge No.,	Phone No.)				Police Report No.			
er of Rental		Driver's Name				Driver's Age	Relation	n to Renter	No. of Occupants in Rental Vehicle		
	(Only if different from renter)	Street Address		С	city, State / Provi	nce, Zip Code	/ Postal Code	Pho	one No.		
Driver		Driver's License No. & Issue State / Province Name of Insurance Company & Agent Phone No. Policy No.							Policy No.		
		Driver's Name Phone No						Email			
	Driver or Owner of Other Vehicle or Property (Vehicle no. 2	· · · · · · · · · · · · · · · · · · ·			Phone No		Email				
		Street Address City, State / Province, Zip Code / Postal Code St				reet Address		City, State / Province, 2	Zip Code / Postal Code		
		Name of Insurance Co. & Agent Phor				lo.	Policy No.				
	/ or Owner of Property)	Vehicle Make/Model & Year License Plate No. & State / Province No. of Occupants in Vehicle									
		Describe Damage to Vehicle / Property									
	Persons	Name and Street Address, City	y, State / Province, Zi	p Code / Postal Code		Р	hone No.		Age	Sex	
	Injured	Occupant Veh. No.	Pedestrian	Describe Injuries							

IMPORTANT DAMAGE RESPONSIBILITY NOTICE

In most cases, if Loss or Partial Damage Waiver was not accepted at the commencement of the rental, or you do not have other contractually provided damage coverage,* the person whose name appears on the Rental Agreement will be held financially responsible for damage to the rental vehicle.

In many cases your own automobile insurance policy and/or some charge card companies cover damage to a rental vehicle. In order to be eligible for such benefits, you should notify your automobile insurance carrier and/or charge card company as soon as possible of a potential claim. A delay in notifying them may limit or entirely negate coverage, especially in the case of coverage provided by charge card companies.

*Please refer to the specific terms and conditions provided to you at the time of rental to determine your specific level of damage responsibility.

FAILURE TO COMPLETELY AND ACCURATELY FILL OUT AND RETURN AN INCIDENT REPORT WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE MAY MAKE THE AUTHORIZED DRIVER LIABLE FOR DAMAGES SUSTAINED TO THE RENTAL VEHICLE. EXCEPT WHERE THE DAMAGED VEHICLE IS DETERMINED TO BE A TOTAL LOSS AND SUBJECT TO SALVAGE, THE AUTHORIZED DRIVER OR HIS OR HER INSURER HAS SEVENTY-TWO HOURS FROM THE RETURN OF THE VEHICLE TO NOTIFY THE RENTAL COMPANY THAT HE OR SHE WISHES TO INSPECT THE DAMAGED VEHICLE. THE INSPECTION MUST BE COMPLETED WITHIN 7 BUSINESS DAYS OF THE RETURN DATE OF THE VEHICLE. IF THE AUTHORIZED DRIVER OR HIS OR HER INSURER DOES NOT REQUEST THIS INSPECTION WITHIN THE 72 HOUR PERIOD, THE AUTHORIZED DRIVER OR HIS OR HER INSURER WILL BE DEEMED TO HAVE WAIVED THIS RIGHT. IF THE RENTAL COMPANY DETERMINES THE DAMAGED VEHICLE TO BE TOTAL LOSS AND SUBJECT TO SALVAGE, SUCH 72 HOUR PERIOD FOR NOTIFICATION OR WAIVER OF THE WISH TO INSPECT THE DAMAGED VEHICLE SHALL NOT APPLY, AND SUCH RIGHT TO INSPECT THE DAMAGED VEHICLE SHALL EXPIRE TEN BUSINESS DAYS FROM THE AUTHORIZED DRIVER'S RECEIPT OF THIS NOTICE FROM THE RENTAL VEHICLE COMPANY AT THE RETURN OF THE VEHICLE OR RECEIPT OF THE FIRST MAILING OF THIS NOTICE IN THE EVENT OF THE RETURN OF THE VEHICLE AFTER HOURS, UPON REQUEST OF THE AUTHORIZED DRIVER OR HIS OR HER INSURER, WE WILL PROVIDE A COPY OF OUR ESTIMATE OF THE COSTS OF REPAIRING THE DAMAGED MOTOR VEHICLE.

Customer: Please return completed form to a Company Representative or email per Submission Instructions below.

Vehicle Incident Report Submission Instructions

- ⇒ Incident Reports involving damage to the **rental vehicle only** must be sent to: **office@primewaldorf.com**Incident Reports involving injury or death and/or damage to other vehicles or property must be sent to: **office@primewaldorf.com**
- ⇒ Any other correspondence should be emailed to office@primewaldorf.com. Please include the rental agreement number on each page of the correspondence.