

Accident Notification Form

In the event of an accident you must fill out this form and return it to BettaCNS Car Hire.

IMPORTANT: This must be completed within 3 days of the accident occurring, otherwise all insurance is null and void.

DRIVER DETAILS (FOR PARKED OR UNATTENDED VEHICLES, DRIVER OR CUSTODIAN AT THE TIME OF LOSS)

Relationship to Renter..... Licence No.....

State Expiry Date/...../..... DOB/...../.....

How long has the driver been licensed for this type of vehicle? years

Full Name (Block Letters)

Surname Given Name(s).....

Address

State Postcode

Contact Numbers

Business () Email.....

Facsimile () Mobile

Did the driver drink any alcohol or take any drugs in the last 24 hours prior to the accident?

NO YES, give details

.....
.....

Did the driver undergo a breath test, breath analysis or blood test?

NO YES, give details

.....
.....

What was the reading? (Please attached a copy of the certificate)

INCIDENT DETAILS

Date/...../..... Day Time am/pm

Where did the incident happen?

Street..... Suburb

Nearest cross street.....

Road surface: Dry Wet Sealed Unsealed

At the time of the incident the insured vehicle was:

Parked Stationary Moving..... Speed (kms)

Traffic controls: None Stop sign Traffic lights Roundabout Give way sign

Other.....

Number of vehicles involved.....

If applicable, what type of goods were being transported at time of loss?

.....

Describe how the incident occurred?

.....

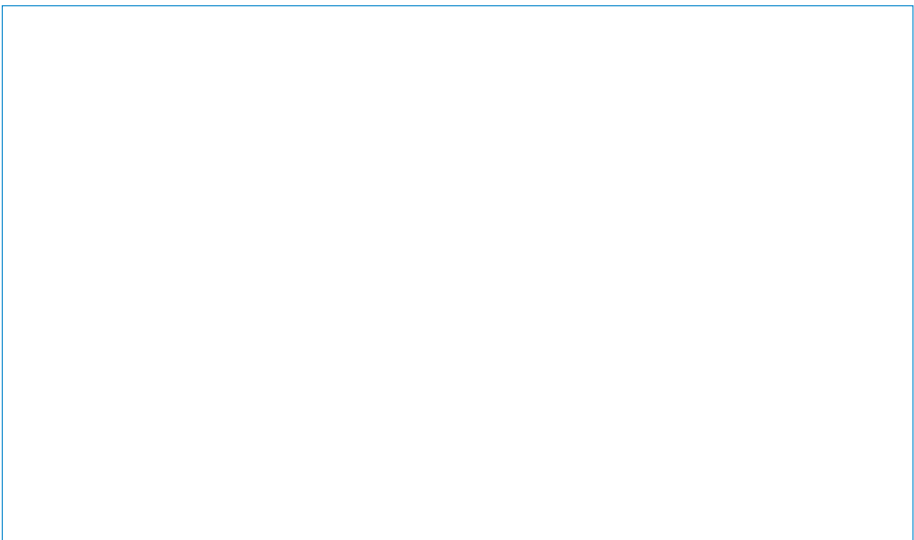
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Who was at fault?.....

Surname Given Names(s).....

SKETCH DIAGRAM OF ACCIDENT

- 1. Name streets
- 2. Indicate direction of travel
- 3. Your vehicle
- 4. Other vehicle



POLICE

Did a Police Officer attend the accident scene? NO YES

or did you report the incident to the police? NO YES, give details

Name of Officer.....

Report No Station.....

Did the Police indicate who was responsible? NO YES, give details

Date of report/...../..... PLEASE ATTACH A COPY OF THE POLICE REPORT (IF AVAILABLE)

Name of person to be charged or cautioned

Nature of charge or caution

PASSENGER(S) – All passengers in the rental vehicle at the time of the accident

Full Name (Block Letters)

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

WITNESS(ES)

All independent witnesses, not passengers in the rental vehicle at the time of the accident

Full Name (Block Letters)

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

Surname Given Name(s).....

Address

Phone..... Email.....

DAMAGE TO YOUR VEHICLE

Are you claiming damage to the rental vehicle? NO YES

Was the vehicle towed? NO YES, give details

Name of the Towing Company.....

Telephone ().....

Where was it towed? Distance towed Kms

Where is the vehicle now?

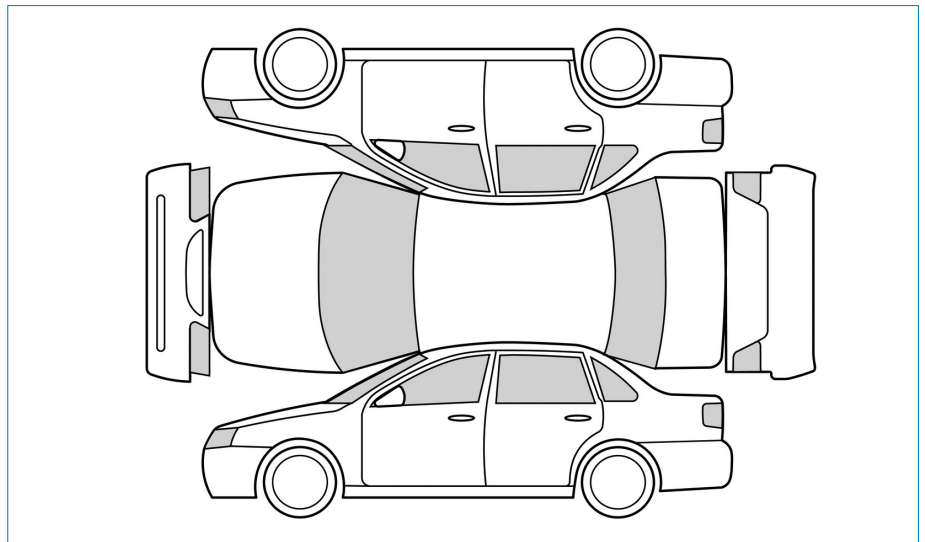
SKETCH DIAGRAM

Shade areas of damage being claimed

Indicate point of impact (X)

Shade Damage

Ensure you take photos of all vehicles involved.



DETAILS OF OTHER VEHICLE

Make of Vehicle Year.....

Registered No. Model.....

Colour.....

DRIVER OF OTHER VEHICLE

Full Name (Block Letters)

Surname Given Name(s).....

Address

Phone..... Email.....

Contact Numbers

Business () Private ().....

Facsimile ()..... Mobile

Licence Number Expiry Date/...../.....

DOB...../...../.....

Was the owner in the vehicle at the time of the accident? NO YES, give details

OWNER OF OTHER VEHICLE/PROPERTY Full Name (Block Letters)

Surname Given Name(s).....

Address

State Postcode

Contact Numbers

Business () Private ().....

Facsimile () Mobile.....

Relationship to Renter.....

Insurance Company Policy or Claim No.....

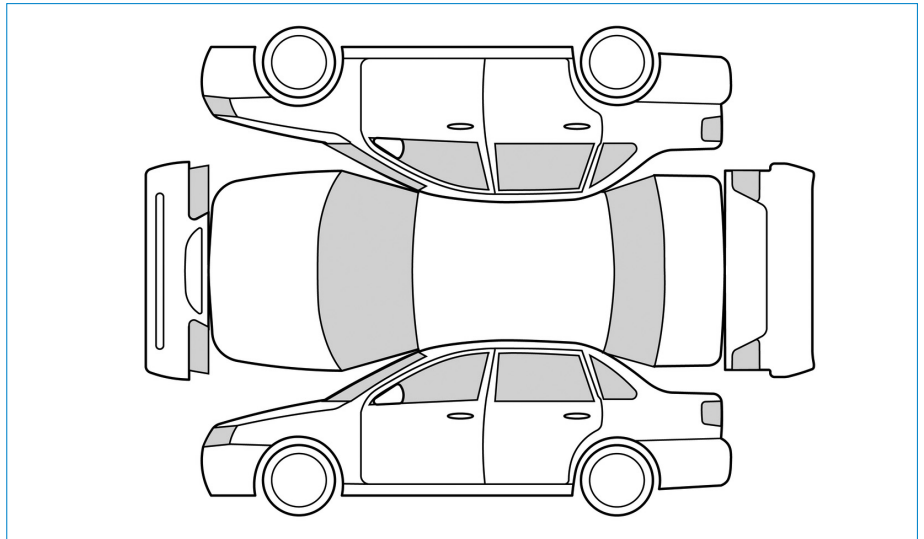
DAMAGE TO OTHER VEHICLE

SKETCH DIAGRAM

Shade areas of damage being claimed

Indicate point of impact (X)

Shade Damage



Ensure you take photos of all vehicles involved.

DECLARATION AND AUTHORISATION

The information and answers given above are true, correct and complete in every detail.

- 1. **I/We understand if the information is not true or is withheld I/we may be liable for the full cost of the claim.**
- 2. I/We authorise BettaCNS Car Hire and their insurers to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured or Renter's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Renter 1. **X** Date...../...../.....

Signature of Insured 2. **X** Date...../...../.....

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED. ANY OMISSIONS MAY DELAY YOUR CLAIM.