

INCIDENT NOTICE FORM

* SAMPLE *

DATE: _____ Pages to follow: *n/a*

DEALER INFORMATION		
Dealer Code:	Dealer Name: <i>Beach Better JC Rentals</i>	City, State: <i>Destin/30A</i>
Contact Name: <i>Nicole Camargo</i>	Contact Phone: <i>850-830-4699</i>	

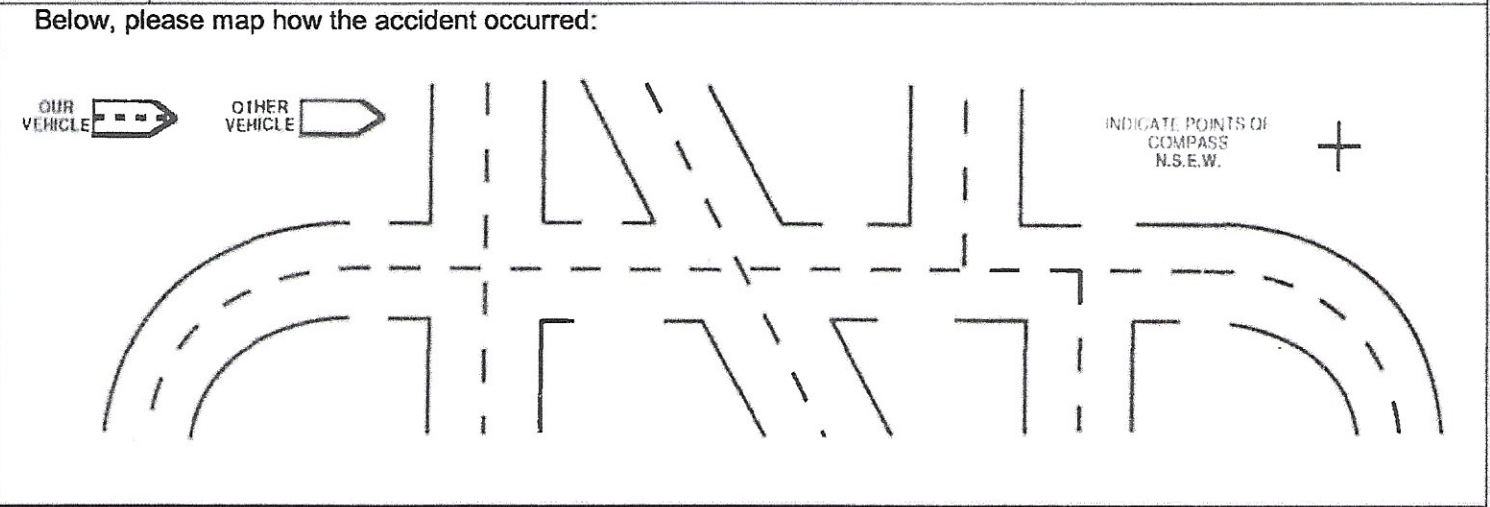
RENTAL INFORMATION		
Renters Name:	Additional Drivers:	
Renters Phone:	Add. Drivers Phone:	
Insurance Co.:	Policy #:	Claim #:
Ins. Contact Name:	Contact Phone:	Extension:
Rental Dispatched On:	Due Back On:	Type Deposit:

RENTAL VEHICLE INFORMATION		
Stock #:	VIN #:	Yr, Mk, Model:
Estimated Damages:	Vehicle Location:	
Do you want this vehicle removed from insurance?:	Do you want a Phys. Dam. claim?:	

RENTAL VEHICLE DRIVER INFORMATION		
Name:	Phone #:	Driver's License #:
Insurance Co.:	Policy #:	Claim #:

OTHER VEHICLES INVOLVED						
OV #	Owner's Name	Contact Name / Phone	Insurance Co.	Policy #	Claim #	Est. Damage
1						
2						
3						

ACCIDENT INFORMATION		
Date of Loss:	Time:	Location:
Responding Police Station:		Police Report #:
Injuries:		Passengers/ Witnesses:
Description of Accident:		



PROPERTY DAMAGE			
Owner	Contact Name/ Phone	Damaged Property	Est. Damage

Please return this form with any / all of the following:
 Rental Agreement Police Report Estimate Registration Other (_____)