



FLEET ACCIDENT REPORT

Damage Reporting Procedure

We will need you to complete the following steps and return all information within 48 hours of the incident. Failure to provide all the requested information may void any purchased coverage.

- 1. Complete and sign our “Accident Report”:** Please complete and submit to us this form within 48 hours of your incident.
- 2. Provide insurance information:** Please obtain insurance information from all parties involved. Please take note of the carrier(s), policy number(s), and phone number(s). We will need you to create a claim with your insurance carrier and provide us with that claim number and contact information (phone number, fax, and email).
- 3. Photos and Other Documents:** Please take photos of the scene and all damages (vehicles and/or property damages). Please obtain copies of the police report, tow company information, and any other related documents if applicable.

Even if you purchased supplemental coverage through us, we still require you to obtain and provide information for all parties involved to maintain your coverage

When we have received your information as detailed above, the claim will be processed. You will be contacted by our claims department with an invoice for damages within 60 days. If you plan to have your auto insurance provider cover the damages, you should notify your carrier or other applicable carriers as soon as possible as most policies require advanced notice. Even if you submit a claim to your carrier, you are responsible for working with our claims department and address any unpaid balances/deductibles before your invoice expires. All invoices must be paid in full by the invoice expiration date or interest will accrue on any/all balances in the amount of 1.5% per month. **Failure to settle any and all invoices will void any supplemental coverage purchased through us. Returning a vehicle with unreported damaged will void any supplemental coverage purchased through us as well as the general terms of your agreement.**





Cramer FLEET SOLUTIONS

CRAMER FLEET SOLUTIONS ACCIDENT REPORT

TODAY'S DATE					RENTAL AGREEMENT #					
RENTER	NAME					EMAIL				
	ADDRESS					CITY			STATE	ZIP
	PHONE #					EMPLOYER				
	INSURANCE CARRIER/POLICY & CLAIM #					INSURANCE CONTACT INFO - PHONE/EMAIL/FAX				
	LICENSE PLATE#					MVA #			MILEAGE	
RENTAL VEH.	WAS VEHICLE BRAND NEW WHEN YOU GOT IT?					DO YOU HAVE COVERAGE THROUGH US? IF YES, WHAT KIND?				
	DATE & TIME OF ACCIDENT					LOCATION - STREET/CITY/STATE/ETC				
ACCIDENT INFO	WERE POLICE CALLED? IF YES, WHAT DEPT?			POLICE REPORT/CASE #		OFFICERS NAME/BADGE #				
	NAME (S)		ADDRESS		AGE	IN RENTAL/OTHER VEH/PEDESTRIAN?				
INJURED PERSONS										
	THE WORST INJURY WAS: () MINOR () PRETTY BAD () VERY BAD () FATALITY									
OTHER VEHICLE INVOLVED	OWNER NAME			OWNER ADDRESS			PHONE #			
	VEHICLE YEAR/MAKE/MODEL			LICENSE PLATE/STATE		DESCRIPTION OF DAMAGES				
	DRIVERS NAME IF DIFFERENT FROM OWNER			DRIVER ADDRESS			PHONE #			
	INSURANCE CARRIER/POLICY # OF OWNER				INSURANCE CARRIER/POLICY # OF DRIVER					
	NAME		ADDRESS			PHONE #				
WITNESS	RENTAL CAR DRIVER NAME					DRIVER ADDRESS				
	DRIVER PHONE #			INSURANCE CARRIER/POLICY & CLAIM #						
	EMPLOYEE			INSURANCE CONTACT INFO - PHONE/EMAIL/FAX						
	DESCRIPTION OF ACCIDENT BY DRIVER									
DESCRIPTION OF ACCIDENT BY DRIVER	SIGNATURE						DATE			

