

Policy holder information

Company name _____

Policy number _____

Contact name _____

Email address _____

Address _____

Phone number _____

Accident description

Date _____ Time _____

Street _____

City _____ State _____

Loss description _____

Details of loss description: _____

Insured vehicle information

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____

Other vehicle information

(or property description if not a vehicle):

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____

Other vehicle information (Vehicle #3):

Driver's name _____

Driver's address _____

Driver's email address _____

Driver's phone number _____

Make _____ Model _____

Color _____ Year _____

Vehicle identification # _____

License plate # _____

Drivable or non-driveable _____

Current location _____

Damage description: _____



Accident Assistance Guide

Email to: Info@cityrentatruck.com

Witnesses

Name _____

Address _____

Email address _____

Phone number _____

Other details: _____

Witnesses

Name _____

Address _____

Email address _____

Phone number _____

Other details: _____

Police report

Police department that responded _____

Report number _____