

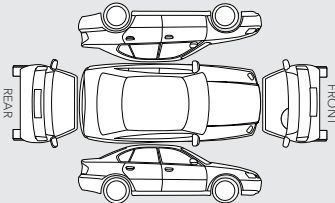
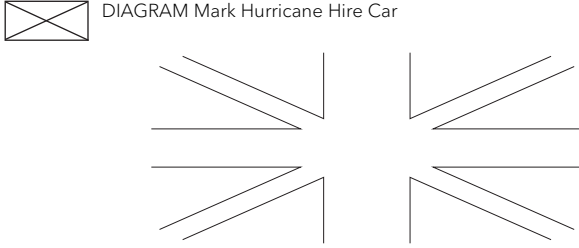

☐ Rental (attach copy of Rental Agreement)
☐ Other (attach copy of Trip Ticket or Other Documentation)

Claim Number	
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Hurricane Future Investments Pty Ltd (Trading as Hurricane Hire)
ABN 88 621 447 103
4-6 Howitt Street, Warragul VIC 3820 Australia
hire@hurricanehire.com.au

Owning Location	Rental Location	Check in Location	Insurance Included <input type="checkbox"/> Yes <input type="checkbox"/> No	Excess Charged <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Agreement or Trip Ticket No.		Vehicle Unit No.		Amount Charged on R/A \$
Vehicle Make and Model		Registration No.		

Vehicle Incident Report

Renter of the Hurricane Hire Vehicle	Renter's name as shown Rental Agreement			Method of Payment		C.D.P No.		Klm At Check In											
	Number and Street			Email address															
				Name of Renter's Employer (only applicable if Company Hire)															
	City/State/Postcode			Renter's Phone No. B: H:			Type of Rental <input type="checkbox"/> Business <input type="checkbox"/> Lease												
Driver of the Hurricane Hire Vehicle (Vehicle No. 1)	Driver's Name as shown on Driver's Licence			Drivers Licence No.		Expiry Date		Issue State											
	Number and Street			D.O.B		Gender		Relation to Renter											
	City/State/Postcode		Tel No.		Driver's email address														
	Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of your Insurance Co.		Address of Insurance Company														
Other Vehicle or Property in Incident (Vehicle No. 2/or Owner of Property)	Driver's Name			Owner's name if other than Driver															
	Number and Street			Number and Street															
	City/State/Postcode		Tel. No.		City/State/Postcode		Tel. No.												
	Driver's Licence Number and State		Expiry Date		Who was at fault?														
	Age	Sex	No. of Occupants in Vehicle	Describe Damage to Vehicle./Property				Estimated cost of repairs \$											
	Vehicle Make and Year		Registration No.		Name and Address of Insurance Company														
Time and Location of Incident	Day, Month, Year		Day of Week		Hour of day <input type="checkbox"/> AM <input type="checkbox"/> PM		Did Police Attend Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Police Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	City or Town/Country/State				Name of Investigating Officer, Badge No. and Police Station														
	Street Name		Street Name		and		What traffic controls apply? Veh No. 1 Veh No.2												
	Speed of Vehicle at time of Incident Veh No. 1 k.p.h Veh No. 2 k.p.h				Traffic Violations charged to Drivers as a result of Incident Veh No. 1 Veh No. 1														
Persons injured or killed	Name and Address			Tel No.		Age		Gender											
	1 Occupant Veh No.		<input type="checkbox"/> Pedestrian		Describe injuries														
	Name and Address			Tel No.		Age		Gender											
	2 Occupant Veh No.		<input type="checkbox"/> Pedestrian		Describe injuries														
Witnesses to incident	1 Name and Address			Tel No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian		Age		Gender							
	2 Name and Address			Tel No.		Occupant Veh No.		<input type="checkbox"/> Pedestrian		Age		Gender							
Statement of Driver of Hurricane Hire Vehicle (Please attach additional information if needed.) Description and Apparent Cause of Incident													Additional documents attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
<div>INDICATE DAMAGE AREA OF HURRICANE HIRE VEHICLE "X" To be completed by Hurricane Hire Staff</div> <div></div> <div>BODY DAMAGE STATUS <input type="checkbox"/> No Damage <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Other Explain _____ _____ _____ DRIVABLE <input type="checkbox"/> Yes <input type="checkbox"/> No</div>															<div>DIAGRAM Mark Hurricane Hire Car</div> <div></div> <div>INDICATE NORTH </div>				
IF TOWED, Towing Company		MAINTENANCE DEPT ADVISED <input type="checkbox"/> Yes <input type="checkbox"/> No		CURRENT LOCATION OF VEHICLE															
Date		PLEASE PRINT NAME OF HIRE REPRESENTATIVE			PLEASE PRINT BRANCH/STATE MANAGER'S NAME														
Driver signature of Hurricane Hire Vehicle													Date						