Rental Dept. Accident / Damage Report

Galpin Studio Rental

1763 Ivar Avenue

Hollywood, CA 90028

Email Address:	
Date of Accident / Time:	
Date Report Completed:	

Please complete all fields with as much detail as possible:

Rental Agreement #:			Vehicle #:		Lic Plate #:
Name of Renter #:			Name of Driver		Phone #:
Coordinator Name:			Coordinator Ph		Job Name:
COI on File (circle)	Yes	No	If "No" then Provide Insurance Info on the Next Line		
Name of Ins Co:			Policy #:		Ins Co Ph#:
Adjuster Name:			Claim #:		Provide Proof of Insurance Card
Was Vehicle Towed?	Yes	No	Tow Company:		
Is vehicle drivable?	Yes	No	If no, Explain:		
Was a police report done?	Yes	No	Agency:		

Rental Car Information:

Decribe Damage to Veh :		
Location of Accident:		
Datails of Accident: **(Be Specific)**		
Was driver Injured?	Yes	No	If Yes, Explain
Were Passengers Injured?	Yes	No	If Yes, Add Names on next lines

Passenger 1 - Name:		Explain Injury:
Passenger 2 - Name:		Explain Injury:
Passenger 3 - Name:		Explain Injury:

Other Party Information:

Name of Driver			Driver Lic #:		Phone #:
Address:			Ins Co:		Policy #:
Make of Vehicle:			Model:		Lic Plate/Vin
Was driver Injured?	Yes	No	If Yes, Explain		
Were Passengers Injured?	Yes	No	If Yes, Add Names on next lines		
Passenger 1 - Name:			Explain Injury:		
Passenger 2 - Name:			Explain Injury:		
Passenger 3 - Name:			Explain Injury:		

If there are additional parties involved please use additional accident reports forms

Witnesses Information: Use additional accident forms for more witnesses:

Witnesses Names:		Phone#:
Witnesses Names:		Phone#:

I acknowledge damage to the rental vehicle. I do not have knowledge how the damage occurred.

The person to contact is	**Email:**	**Phone#:**

The above stated information is true and correct

Customer Signature:		Date:
Name Printed:		

Phone: 323-957-3333   Email: claims@galpin.com   Website: GalpinStudioRentals.com   Check By: