

This page has to be completed and handed in at a Kenings office within 24 hours of the damage / loss occuring

DAMAGE / LOSS REPORT FORM

Kenings Vehicle								
Registration no:								
Vehicle Make / Type:								
Renter / Company Name:		Contact No:						
Drivers Name:								
Drivers Address:								
Drivers Contact Details			Cell:					
Email Address:								
ID Number:								
Licence No:					e:			
Has the drivers licence been	endorsed?		Yes	No		*copy of licence	to be supplied	
Was the Driver tested for Alco	hol / Drugs?		Yes	No	Specify			
Particulars of incident resul	ting in Dama							
Particulars of incident resulting in Damage / Loss Date: Time:								
Street:		Suburb:				Town:		
Reported to which police stati		Jubuib.		Case No:		I OWI I.		
Investigating Officer:	JII:			Case No.	Contact No	٠٠		
Road Surface Gravel	Tar	Weather	Conditions	Dry	Wet	Visibility Goo	d Poor	
•	I.	*************	O O I I I I I I I I I I I I I I I I I I	D.,	11101	1101201111	1. 55.	
Damages to Kenings Vehicl	<u>e:</u>							
Third party details			2 · · · / D-:			Tal		
1. Reg No. Make: Owner / Dri				ver: Tel:				
Driver's Address:								
Damage to 3rd party:			2 · · · / D-:			Tal		
2. Reg No.	Make:		Owner / Driv	ver:		Tel:		
Driver's Address:								
Damage to 3rd party:								
3. Other Property								
Full Description Of How Damage / Loss Occurred								
Injured Persons	Address:							
Name:				Tel: ()				
Independent Witnesses								
Name:						Tel: ()		
Name: Address:						Tel: ()		
PLEASE DRAW A SKETCH PLAN OF THE ACCIDENT ON THE REVERSE SIDE								
Acknowledgement of responsibility				Authoriza	tion to deb	it credit card / charge card	i	
The information above is a true reflection of events that occurred. I understand				I agree that in the event that I am liable for costs as a result of damage or loss				
that by completing and signing this form, I am reporting the events of the				to the rental vehicle, and the method of payment was by credit or charge card,				
incident. I am liable for the damage and/or loss subject to the waiver options				my signature below shall constitute authority to debit my credit / charge,				
I accepted, and subject to the terms a	ment.	nominated on my rental agreement for the aforementioned costs.						
Signature:	ıre: Date:			Signature:		Date:		