



Thank you for completing our Accident / Incident Report Process. Incidents, accidents and vehicle thefts are not something we like to think about, especially on a business trip or vacation, but they can and do happen even to the most careful drivers.

You can typically expect to hear from Avis Budget Group in a 30 day time-frame from the date of the incident.

In the interim, please contact your Insurance Company or Credit Card Company to establish a claim with them. You do not need any paperwork from us to begin this process.

For inquiries regarding your claim, please feel free to contact Avis Budget Group at the phone number or email address below. Please be sure to provide your Rental Agreement number or MVA number listed below when contacting us to inquire about your claim.

Thank you for choosing Avis Budget Group for your rental needs.

Rental Agreement: _____

MVA: _____

Avis 1-866-446-8376 or Budget 1-800-551-5998

fru.claimsetup@avisbudget.com



ACCIDENT / INCIDENT REPORT

RENTER INFORMATION (CUSTOMER)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE (PREFERRED CONTACT #): _____

VEHICLE USE ☐ BUSINESS ☐ PERSONAL
(IF BUSINESS PLEASE LIST NAME OF COMPANY)

OPERATOR (DRIVER): _____

INSURANCE COMPANY INFO: _____

RENTAL VEHICLE INFORMATION

MVA: _____

PLATE: _____ STATE: _____

MAKE/MODEL _____

RENTAL AGREEMENT: _____

NAME OF PERSON COMPLETING FORM (Please print): _____

DATE OF COMPLETION: _____

TO CONTACT US:

TOLL FREE: AVIS 866-446-8376 BUDGET 800-551-5998

EMAIL: fru.claimsetup@avisbudget.com

INCIDENT DETAILS

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____ AM/PM

CITY/STATE/PROVIDENCE _____

WERE POLICE CALLED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE POLICE DEPT / RPT#:

OTHER VEHICLES INVOLVED: ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

OWNER/DRIVER NAME: _____

CONTACT PHONE #: _____

ADDRESS: _____

CITY/STATE/ZIP CODE _____

YR/MAKE/MODEL: _____

WAS ANYONE INJURED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

PARTY INJURED: _____

CONTACT INFO: _____

INCIDENT DESCRIPTION

- ☐ RENTAL VEHICLE STRUCK IN REAR
☐ OTHER VEHICLE(S) STRUCK IN REAR
☐ INTERSECTION COLLISION
☐ PARKING LOT COLLISION/ INCIDENT
☐ PARKED & UNOCCUPIED
☐ TIRE ☐ GLASS
☐ OTHER (PLEASE PROVIDE DESCRIPTION):

ACCIDENT / INCIDENT REPORT

RENTER INFORMATION (CUSTOMER)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE (PREFERRED CONTACT #): _____

VEHICLE USE ☐ BUSINESS ☐ PERSONAL
(IF BUSINESS PLEASE LIST NAME OF COMPANY)

OPERATOR (DRIVER): _____

INSURANCE COMPANY INFO: _____

RENTAL VEHICLE INFORMATION

MVA: _____

PLATE: _____ STATE: _____

MAKE/MODEL _____

RENTAL AGREEMENT: _____

NAME OF PERSON COMPLETING FORM (Please print): _____

DATE OF COMPLETION: _____

TO CONTACT US:

TOLL FREE: AVIS 866-446-8376 BUDGET 800-551-5998

EMAIL: fru.claimsetup@avisbudget.com

INCIDENT DETAILS

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____ AM/PM

CITY/STATE/PROVIDENCE _____

WERE POLICE CALLED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE POLICE DEPT / RPT#:

OTHER VEHICLES INVOLVED: ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

OWNER/DRIVER NAME: _____

CONTACT PHONE #: _____

ADDRESS: _____

CITY/STATE/ZIP CODE _____

YR/MAKE/MODEL: _____

WAS ANYONE INJURED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

PARTY INJURED: _____

CONTACT INFO: _____

INCIDENT DESCRIPTION

- ☐ RENTAL VEHICLE STRUCK IN REAR
☐ OTHER VEHICLE(S) STRUCK IN REAR
☐ INTERSECTION COLLISION
☐ PARKING LOT COLLISION/ INCIDENT
☐ PARKED & UNOCCUPIED
☐ TIRE ☐ GLASS
☐ OTHER (PLEASE PROVIDE DESCRIPTION):

ACCIDENT / INCIDENT REPORT

RENTER INFORMATION (CUSTOMER)

RENTER NAME: _____

RENTER ADDRESS: _____

RENTER CITY/STATE/ZIP: _____

RENTER PHONE: _____

RENTER EMAIL: _____

VEHICLE USE ☐ BUSINESS ☐ PERSONAL
(IF BUSINESS PLEASE LIST NAME OF COMPANY)

VEHICLE MAKE/MODEL: _____

VEHICLE YEAR: _____

VEHICLE COLOR: _____

RENTAL VEHICLE INFORMATION

MVA: _____

PLATE: _____ STATE: _____

MAKE/MODEL: _____

RENTAL AGREEMENT: _____

NAME OF PERSON COMPLETING FORM (Please print): _____

DATE OF COMPLETION: _____

TO CONTACT US:

TOLL FREE: AVIS 866-446-8376 BUDGET 800-551-5998

EMAIL: fru.claimsetup@avisbudget.com

INCIDENT DETAILS

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____ AM/PM

CITY/STATE/PROVIDENCE: _____

WERE POLICE CALLED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE POLICE DEPT / RPT#: _____

OTHER VEHICLES INVOLVED: ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

OWNER/DRIVER NAME: _____

CONTACT PHONE #: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

YR/MAKE/MODEL: _____

WAS ANYONE INJURED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE:

PARTY INJURED: _____

CONTACT INFO: _____

INCIDENT DESCRIPTION

- ☐ RENTAL VEHICLE STRUCK IN REAR
☐ OTHER VEHICLE(S) STRUCK IN REAR
☐ INTERSECTION COLLISION
☐ PARKING LOT COLLISION/ INCIDENT
☐ PARKED & UNOCCUPIED
☐ TIRE ☐ GLASS
☐ OTHER (PLEASE PROVIDE DESCRIPTION): _____

