

Rental Information

Rental Record #:
Pick-up Location:
Rental Date:

Renter

Name:
Phone:
e-mail:

Driver of Kompas Car at the moment of the incident (if not same as renter)

Name:	Date of birth:
Address:	Driver Licence #:
City:	Issued by:
Country:	Issued Date:
Postal code:	
Phone:	
e-mail:	

Kompas Vehicle

Licence Plate:
Model:
Damage description:

Details of 3rd party involved in incident (if any)

Licence Plate:	Damage to 3rd party property? Yes ☐ No ☐	Please include details in incident description.
Model:	European Accident Form completed? Yes ☐ No ☐	
Name:		
Address:		
City:		
Country:		
Phone:		
e-mail:		
Insurance Co:		

Incident Description

Incident Date: Time:

Incident Place:

Police report: Yes ☐ No ☐ Place:

Full description of incident/accident:
(include any relevant details such as injuries, witnesses, etc.)

Driver's signature:

Kompas return staff: Please attach this form to the incident report in eIRF / CDA