

Damage report / accident report

Theft, fire and wild animal collision claims must be reported immediately to the police and the paperwork as well as the notification report must be sent to the following address promptly: Email to: <a href="mailto:schaden@fuhrwerk.plus">schaden@fuhrwerk.plus</a> or by fax to +49 221-292896-99

Originator of the accident / damage			Myself Other party								
Vehicle of Fuhrwerk Plus GmbH	1	License plate									
GmbH		Manufacturer and model							VIN		
Driver of the	2	Who was driving the insured vehicle at the time of the accident?									
Fuhrwerk Plus GmbH vehicle	2.1	Family name, first name, initial			Street, house / apartment number				Postal code, city, country		
		Phone number									
	2.2				mail address		L				
	2.2	Date of birth categories of driving licence Drivers license number									
	2.3	Was a blood examination done? Yes			Is the driver also the renter of the vehicle?				☐ Yes ☐ No		
	2.4	If the renter is someone else than the driver, please also include the renter's information.									
		Family name, first name, initial			Street, house / apartment number			r 	Postal code, city, country		
Third party	3	Family name, first r	Phone nu			Phone num	nber				
		Email address									
		Street, house / apartment number			Postal code		City				
					_						
		Proceedings.				_					
Third party vehicle	4	License plate Manufacturer and model									
	Insurance company Insurance policy number										
Date and place of damage / accident	When and where did the damage / accident occur? Please provide precise information (Postal code of the town, the or urban district, side of the road, house number, driving direction, kilometre stone).  Dateato' clock Place							e of the town, the next county	town		
Police report	6	Which police station filed the accident report? Please add paperwork  Address: Phone number: Name of officer: Reference number: Other information:									
Location of vehicle after	7	Where can the damaged vehicle be inspected and who is the contact person?									
damage / accident		(Name, address and contact information of the person) Location of the vehicle after  Contact person  Ph						Phone num			
		Street, house / apa	rtment number		Postal code, 0	City		Email addre	ss	200	

Accident description	8	
Accident description Please describe how the acci- dent occurred precisely, using your own words. Also use the sketch, that shows common accident situations: intersections, roundabouts, parking lots, ramps.	8	
Mark the Fuhrwerk Plus vehicle with A, the vehicle of the third party with B and indicate the respective driving direction.  A B		
Eyewitness	9	Name, first name
		Street, house number
		Postal code, city
		Phone number
		Email address
		Passenger in insured vehicle Yes No
Injuries	10	Was anyone injured? This information is necessary for notification of claim to the third-party vehicle insurance!  Yes  No
Important information	The in	nandatory for all insured persons to answer all questions on this form completely, truthfully and to their best knowledge. or incomplete answers can lead to loss of insurance coverage, even if they do not lead to a disadvantage of the insurer in of a damage. Issured person alone is responsible for the correctness and completeness of the information provided here, even if a different on fills out the form on his behalf. Lines, other marks or non-response will be treated as negative replies.  Signature of the driver