

Claim notification for leasing vehicles

Please complete in full. Important: signature of lessee. Incomplete or false information may result in the loss of insurance cover, even if this information is not to the detriment of the insurer. In case of queries please consult the 24-hour service hotline on 01805 60 30 10* or send an e-mail to: Schadensmeldung@alphabet.de.

Fax 089 99 823 315

Please complete the form in full and fax it to Alphabet

Lessee details

<u>Leasing no.</u>	<u>Insurance company</u>
<u>Address and telephone number of the lessee</u>	<u>Details of the driver</u>
<u>Lessee:</u>	<u>Driver:</u>
<u>Street/no.:</u>	<u>Street/no.:</u>
<u>Postcode/town:</u>	<u>Postcode/town:</u>
<u>Telephone number:</u>	<u>Tel. no. Office:</u> <u>Private:</u> <u>Mobile:</u>
<u>Details of leasing vehicle</u>	<u>E-mail:</u>
<u>Model:</u>	<u>Date of birth:</u>
<u>Vehicle registration no.:</u>	<u>Driving licence details</u>
<u>Initial registration:</u>	<u>Issuing authority:</u>
<u>Mileage when accident occurred:</u>	<u>Class:</u> <u>Date of issue:</u>
<u>Was the driving licence confiscated as a result of this accident?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Alcohol test?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Result:</u> <u>%</u>
<u>Did the driver have your permission to drive the vehicle?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>What is the relationship between the driver and yourself?</u>	
<input type="checkbox"/> Business trip	<input type="checkbox"/> Private trip

Accident details

<u>Date/time of accident:</u>	
<u>Place at which accident occurred (including postcode and street location):</u>	
<u>Police records:</u>	
<u>Which police station recorded details of the accident?</u>	
<u>Reference no.:</u>	<u>Who received a fine?</u>

Accident witnesses (please underline names of leasing vehicle occupants)

<u>Name:</u>	<u>Name:</u>
<u>Street/no.:</u>	<u>Street/no.:</u>
<u>Postcode/town:</u>	<u>Postcode/town:</u>
<u>Telephone no.:</u>	<u>Telephone no.:</u>
<u>E-mail:</u>	<u>E-mail:</u>

Damage to leasing vehicle

<u>Which parts were damaged/stolen?</u>	
<u>Amount of damage, approx.:</u>	<u>Vehicle can be driven</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>When will the vehicle be repaired?</u>	<input type="checkbox"/> right away <input type="checkbox"/> at a later date, approx.:
<u>Location (repair garage) of leasing vehicle:</u>	
<u>Is a rental car required?</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, please state type:
<u>Which company towed the leasing vehicle damaged in the accident?</u>	
<u>Which motor vehicle assessor was notified?</u>	

Please note: damage caused by theft, fire and wild game are to be reported to the relevant police authorities immediately.

Other party details

Details of the other party involved in the accident or other damage to property

Owner: _____

Street/no.: _____

Postcode/town: _____

Telephone no.: _____

E-mail: _____

Vehicle details

Model: _____

Vehicle registration no.: _____

Initial registration: _____

Driver: _____

Street/no.: _____

Postcode/town: _____

Telephone no.: _____

E-mail: _____

Insurance

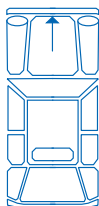
Insurance policy number: _____

Damage to vehicle or property - approximate amount: _____

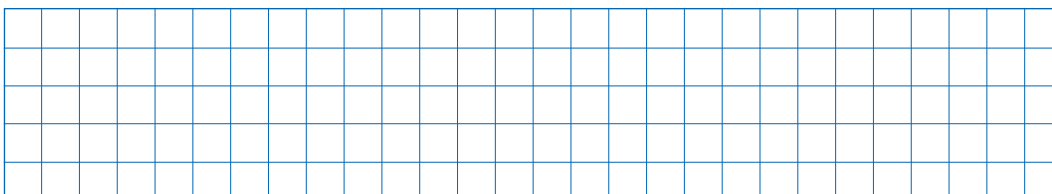
Accident report

Please describe the accident below

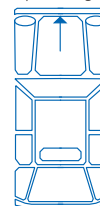
Mark visible damage by circling:



Sketch of accident



Mark visible damage by circling:



Visibility sunny overcast clear cloudy foggy dusk night street lighting rain snowfall

Road conditions asphalt tar concrete cobblestone dry wet damp snow sludge ice

Question of guilt own fault fault of other party not clear

Other injured parties/physical injuries

Physical injuries (in case of occupants please state which vehicle)

Name: _____

Street/no.: _____

Postcode/town: _____

E-mail: _____

Profession/age: _____

Type of injury: _____

What claims have been made? _____

Seatbelt fastened Yes No

Name: _____

Street/no.: _____

Postcode/town: _____

E-mail: _____

Profession/age: _____

Type of injury: _____

What claims have been made? _____

Seatbelt fastened Yes No

Place, date

Stamp and signature of lessee

Signature of driver