

MOTOR VEHICLE - DAMAGE REPORT

I note, that personal contact details, which I state within the context of this report (esp. phone number and e-mail), are not only used for this damage event, but also in the context of the general clients- und contract administration by KOBAN SÜDVERS GmbH in order to fulfill the insurance broker contract.

Insurance company				policy number:	
Policy holder	first- and second name / company name		street/house number/postcode/city		
	phone number	e-mail	pre-tax-deduction <input type="checkbox"/> YES <input type="checkbox"/> NO		
Kind of Insurance	<input type="checkbox"/> third party <input type="checkbox"/> full comprehensive <input type="checkbox"/> partial comprehensive <input type="checkbox"/> legal protection				
Details of the accident	date/exact time	location of damage	reported to the authorities: <input type="checkbox"/> YES <input type="checkbox"/> NO		
			authorities:		
Description of the accident	exact description of the accident incl. sketch and details of injured person and witnesses				
	<input type="checkbox"/> own fault <input type="checkbox"/> external fault <input type="checkbox"/> partial fault				
Insured vehicle of the policy holder and driver 's data	type of vehicle	model, brand	license plate number		
	driver of vehicle (first and last name)		date of birth		
	driver's license no.	groups	issued on/by		
	own vehicle damage (description)		personal injury of driver (description)		
Details of the third vehicle damage • other vehicle damage • Insurance Company • other property damage • injured persons	first- and second name / company name / street, house number, post code, city				
	contact details (phone number, e-mail)				
	type and model of vehicle	license plate number	insurance company	driver of foreign vehicle	
	description of the third vehicle damage / other property damage / injured persons				
General issues	Was the policy holder-vehicle used with the knowledge and will of policy holder? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Has driver of policy holder-vehicle consumed alcohol within the last 8 hours? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Concerns casco	Which company will report/repair the policy holder-vehicle?				

I have answered the questions of the damage report truthfully and to the best of my knowledge. I (We) authorize the (INSURANCE COMPANY) and its representatives to conduct all necessary investigations in the matter of the claim in question and to inspect the file concerning the claim and to make copies thereof.

place, date

policy holder

driver