

Claims report

ALPHABET

Report accident to: Tel +41 800 81 84 18. Fax: +41 449 08 64 01 / Send damage report to: Schadenzentrum AG, Alphabet Fuhrparkmanagement (Schweiz) AG, Industriestrasse 12, 8305 Dietlikon, Switzerland, alphabet@schadenzentrum.ch

Yes No

Date of the event

Time

Accident site (city, street)

Police

Station house

Person at fault

Lessee (policyholder)

Name

Street

Postcode/city

Tel. No.

Driver

Name

Street

Postcode/city

Date of birth

Driving licence No. Class

Date of issue of cat. B

Insurance company

Name

Office

Policy No.

Vehicle data

Number plate

Vehicle type

Make/model

Chassis No.

Odometer reading

Where can the vehicle be viewed during the day?

Garage/service partner

Address

Postcode/city

Tel. No.

Other party to the accident (policyholder)

Name

Street

Postcode/city

Tel. No.

Driver

Name

Street

Postcode/city

Date of birth

Driving licence No. Class

Date of issue of cat. B

Insurance company

Name

Office

Policy No.

Vehicle data

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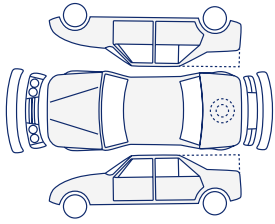
Tel. No.

How the accident happened

(please also fill in if a police report was made)

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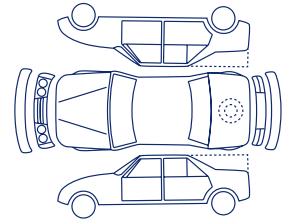
Mark the location of impact on the vehicle



Accident sketch



Mark the location of impact on the vehicle



Short description of the accident

Passengers and witnesses

Name

Address

Postcode/city

Tel. No.

Injury or death of persons

(for liability and/or accident insurance)

Name

Address

Postcode/city

Profession

Marital status

Date of birth

Employer

Passengers and witnesses

Name

Address

Postcode/city

Tel. No.

Injury or death of persons

(for liability and/or accident insurance)

Name

Address

Postcode/city

Profession

Marital status

Date of birth

Employer

Please note that repair orders may only be placed by the insurance company or Alphabet. The fully completed form must be received by Alphabet Fuhrparkmanagement (Schweiz) AG within five days of the date of the claim.

Procuration

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The undersigned authorises the Company to obtain information from other insurers or third parties concerning the claim and to inspect official and court files relating to the claim.

Furthermore, the undersigned authorises the doctors and third parties contacted by the Company to provide the Company or its medical service with any information requested in connection with the claim.

The undersigned agrees that the Company may, to the extent necessary, transmit data arising from the claim to other insurers, namely to co-insurers and reinsurers in Switzerland and abroad.

City and date

Driver signature

City and date

Driver signature