

Accident report form

Please complete in full. The signature of the driver is important. Incomplete or untrue information will invalidate insurance cover, even if the insurer is not disadvantaged by the information. Should you have any questions, please call our 24-hour customer service line on +49 89 55 20 90 90 or send an E-mail to schadenmeldung@alphabet.de



Once fully completed, please send your form to Alphabet. E-mail schadenmeldung@alphabet.de or Fax +49 89 99823-444

Lessee, vehicle leased

Lease number: _____
Insurance company: _____
Lessee: _____
House no., street: _____
Town or city, postcode: _____
Tel. no.: _____
Vehicle model: _____
Registration no.: _____
Drive: _____
Date of first registration: _____
Mileage at the time of the accident: _____

Driver

Driver: _____
House no., street: _____
Town or city, postcode: _____
Daytime tel. no.: _____ Evening tel. no.: _____
Mobile: _____
E-mail: _____
DOB: _____
Driving license issuing authority: _____
Date of issue: _____
Driving licence category: _____

Was the driver's driving licence confiscated as a result of this accident? yes no
Did the driver complete a breath test? yes no Result: %
Was the driver driving with your permission? yes no
What is your relationship with the driver?
 Business journey Private journey

Accident details

Date and time of accident: _____
Accident location (with street and postcode): _____
Were the police on the scene? _____
Police station/File reference: _____
Who was warned using the chargeable service? _____

Witnesses (please underline the names of any passengers in the vehicle)

<u>Name:</u> _____	<u>Name:</u> _____
<u>House no., street:</u> _____	<u>House no., street:</u> _____
<u>Town or city, postcode:</u> _____	<u>Town or city, postcode:</u> _____
<u>Tel. no.:</u> _____	<u>Tel. no.:</u> _____
<u>E-mail:</u> _____	<u>E-mail:</u> _____

Damage to the vehicle leased

Which parts have been damaged / stolen? _____
Extent of damages (approx.): _____ Vehicle roadworthy: no yes
When will the vehicle be repaired? _____ Immediately At a later date, approx.: _____
Location (workshop) of the leased vehicle: _____
Is a rental car requested? _____ no yes If so, please enter model: _____
Which company towed away the damaged vehicle? _____
Which competent authority has been notified? _____

Please note that damage occurring as a result of theft or fire, or caused by animals, should be reported to the police immediately.
Only authorized workshops may be used for electric vehicles.

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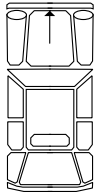
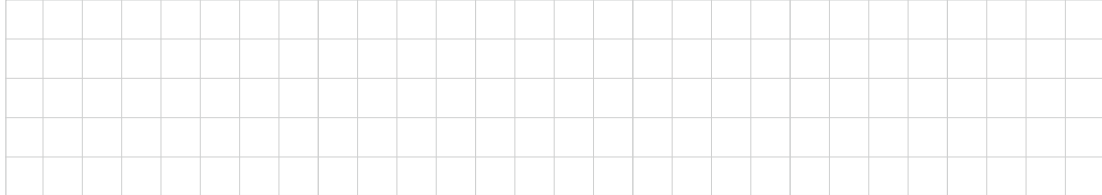
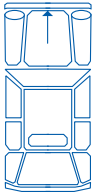
Other party involved in the accident or other damage

<u>Owner:</u>	<u>Driver:</u>
<u>House no., street:</u>	<u>House no., street:</u>
<u>Town or city, postcode:</u>	<u>Town or city, postcode:</u>
<u>Tel. no.:</u>	<u>Tel. no.:</u>
<u>E-mail:</u>	<u>E-mail:</u>
<u>Vehicle model:</u>	<u>Insurance:</u>
<u>Registration no.:</u>	<u>Insurance policy no.:</u>
<u>Date of first registration:</u>	<u>Damage to vehicle / object – extent of damages (approx.):</u>

Sequence of events in the accident

Please describe the sequence of events in the accident

Please circle visible damage: Accident sketch Please circle visible damage:



<u>Visibility:</u>	<input type="checkbox"/> Sunny	<input type="checkbox"/> Overcast	<input type="checkbox"/> Clear	<input type="checkbox"/> Dull	<input type="checkbox"/> Fog	<input type="checkbox"/> Dawn/Dusk	<input type="checkbox"/> Night	<input type="checkbox"/> Street lights	<input type="checkbox"/> Rain	<input type="checkbox"/> Snowfall
<u>Road condition:</u>	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Tar	<input type="checkbox"/> Concrete	<input type="checkbox"/> Sett paving	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Damp	<input type="checkbox"/> Snow	<input type="checkbox"/> Sludge	<input type="checkbox"/> Ice
<u>Responsibility:</u>	<input type="checkbox"/> Own responsibility		<input type="checkbox"/> Third-party responsibility		<input type="checkbox"/> Not clear					

Personal injury (for passengers, please indicate the vehicle concerned)

<u>Name:</u>	<u>Name:</u>
<u>House no., street:</u>	<u>House no., street:</u>
<u>Town or city, postcode:</u>	<u>Town or city, postcode:</u>
<u>E-mail:</u>	<u>E-mail:</u>
<u>Age / occupation:</u>	<u>Age / occupation:</u>
<u>Type of injury:</u>	<u>Type of injury:</u>
<u>What claims have been made?</u>	<u>What claims have been made?</u>
<u>Seat belt fastened:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no
<u>Seat belt fastened:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no

As part of the Fleet Service Alphabet Fuhrparkmanagement GmbH collects, processes and transmits personal data to service provider, including customer-related usage and vehicle data only insofar as this is necessary for the purpose of an action for damages and insurance notification, in compliance with statutory law and the terms. You can get information about your stored personal data at Alphabet Fuhrparkmanagement GmbH under www.alphabet.de/kontakt. If, despite our efforts to maintain data accuracy and timeliness of incorrect information has been stored, we will correct, suspend or delete it at your request.

Place, date Signature and stamp of lessee Signature of driver