

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

Was the driver's driving license 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

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 license category

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 fined by the police?

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

_____ Name	_____ Name
_____ House no., street	_____ House no., street
_____ Town or city, postcode	_____ Town or city, postcode
_____ Tel. no.	_____ Tel. no.
_____ E-mail	_____ E-mail

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.

Other party involved in the accident or other damage

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

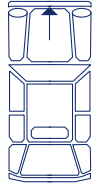
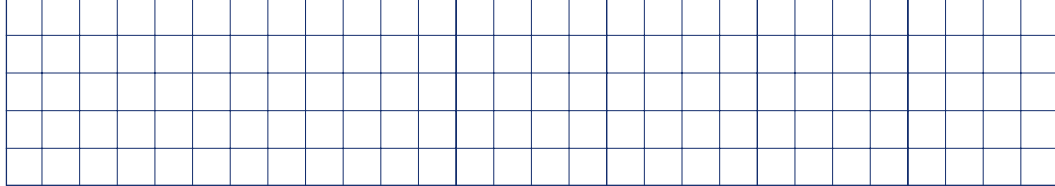
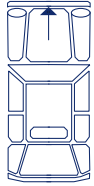
Sequence of events in the accident

Please describe the sequence of events in the accident

Please circle visible damage:

Accident sketch

Please circle visible damage:



Sunny	Overcast	Clear	Dull	Fog	Dawn / Dusk	Night	Street lights	Rain	Snowfall
Visibility									
Asphalt	Tar	Concrete	Sett paving	Dry	Wet	Damp	Snow	Sludge	Ice
Road condition									
Own responsibility		Third-party responsibility			Not clear				
Responsibility									

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

Name	Name
House no., street	House no., street
Town or city, postcode	Town or city, postcode
E-mail	E-mail
Age / occupation	Age / occupation
Type of injury	Type of injury
What claims have been made?	What claims have been made?
Seat belt fastened: yes no	Seat belt fastened: yes no

As part of the Fleet Service Alphabet Fuhrparkmanagement GmbH collects, processes and transmits personal data, 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 to service provider only if this is necessary. You can get information about your stored personal data at Alphabet Fuhrparkmanagement GmbH under www.alphabet.de/kontakt. If incorrect information has been stored despite our efforts to maintain data accuracy, we will correct, suspend or delete it at your request.

Place, date

Signature and stamp of lessee

Signature of driver

Alphabet Fuhrparkmanagement GmbH, A BMW Group Company **Post address** Alphabet Fuhrparkmanagement GmbH, 80786 Munich
House Address Lilienthalallee 26, 80939 Munich **Web contact** www.alphabet.de/kontakt **Telephone** +49 89 99822-0 **Bank Account** BMW Bank GmbH
IBAN DE16 7022 0300 5100 0011 46 **SWIFT (BIC)** BMWBDE3333 **Managing Director** Uwe Hildinger (Board Chairperson), Martin Stremplat
Chairman of Supervisory Board Marco Lessacher **Registered Office** Munich, HRB 181098, Munich District Court