Accident report
Company and Leasing Cars

dispatch adress:
Eurogarant Autoservice AG
Friedberger Str. 191
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Telefax: +49 (0) 6101 9849 - 49
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Day of damage/scene of damage

……
Date time scene of damage (zip code, place, street)

Insured car

……
plate number/official registration number chassis number

……
company/business unit division costs spot

……
type of vehicle construction year cubic capacity (HP/Kilowatt, ccm)

……
name/address/telephone number of garage expected damage sum

……
Will there be an expert opinion (yes/no) name/address of expert witness

……
Will there be a claim for rented car? (yes/no) name/address of car rental service

Driver at the time of damage

……
Name, first name/street/zip code/place

……
driving license grade/displaying authority/date of issue taking of blood (yes/no)

……
service drive (yes/no) Has there been an agreement of the company for the drive

Persons involved in accident

……
Name, first name/street/zip code/place of accident opponent

……
Personal injury (name)

……
plate number/official registration number type of vehicle / make

……
way and scope of damages

……
Name, first name/street/zip code/place of car owner

……
third party, insurance/insurance policy number of opponent

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name/address of accident witnesses (passengers of the vehicle also)

Accident report

Detailed description of damage including sketch

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……
has the accident been taken up by the police? police department/diary number

……
fine (yes/no), if yes, for whom?

……
Has there been claims against you? (yes/no) if yes, from whom?

It is forbidden to sign statements of assignment!

With this I confirm the correctness of the statement

……
Date Signature of driver phone number (including primary election)