

Damage report

Please provide us with the following information regarding the damage to our rental property and send us the form immediately.

Information provided by the user when damage occurred

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rental agreement number	Customer number	Device number	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	First name, last name		
<input type="text"/>	<input type="text"/>		
Address (Street and house number)		E-mail	
<input type="text"/>		<input type="text"/>	
Zip code	City	Telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Information about the damage

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of damage	Time	Damage location (Adresse)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Zip code	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
GPS data or Google Maps location (if available)		
<input type="text"/>		
first damage report on	<input type="text"/>	<input type="text"/>
Date	orally at	<input type="text"/>
<input type="text"/>	in writing at	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Damage assessment by the police, fire department, or German Agency for Technical Relief (THW)

Police	<input type="checkbox"/> no	<input type="checkbox"/> not known	<input type="checkbox"/> yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Date	Department	Reference number
Fire Dept.	<input type="checkbox"/> no	<input type="checkbox"/> not known	<input type="checkbox"/> yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Date	Department	Reference number
THW	<input type="checkbox"/> no	<input type="checkbox"/> not known	<input type="checkbox"/> yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Date	Department	Reference number

Information of responsible damaging party

☐ **Customer** For contact details, see user details when damage occurs

Third party

<input type="text"/>	
Company	
<input type="text"/>	
First name, last name	
<input type="text"/>	
Address	
<input type="text"/>	
Zip code	City
<input type="text"/>	<input type="text"/>
E-mail	
<input type="text"/>	
Telephone	
<input type="text"/>	
Insurance company	
<input type="text"/>	
Insurance policy number	
<input type="text"/>	
Claim number	
<input type="text"/>	
Insurance E-mail	
<input type="text"/>	
Insurance telephone	
<input type="text"/>	

Shipping agency

<input type="text"/>	
Company	
<input type="text"/>	
First name, last name	
<input type="text"/>	
Address	
<input type="text"/>	
Zip code	City
<input type="text"/>	<input type="text"/>
E-mail	
<input type="text"/>	
Telephone	
<input type="text"/>	
Insurance company	
<input type="text"/>	
Insurance policy number	
<input type="text"/>	
Claim number	
<input type="text"/>	
Insurance E-mail	
<input type="text"/>	
Insurance telephone	
<input type="text"/>	

Details of the parties involved in the damage

Injured person

Company

First name, last name

Address

Zip code

City

Telephone

E-mail

Eyewitness

Company

First name, last name

Address

Zip code

City

Telephone

E-mail

Other person involved

Company

First name, last name

Address

Zip code

City

Telephone

E-mail

Damage description

Please describe the course of the damage and give a detailed description of the circumstances when the damage occurred. What happened? How did it happen? Why did it happen? What were the consequences? Photos and sketches should be submitted by e-mail to supplement the damage report.

Photos

☐ yes ☐ no

Drawings

☐ yes ☐ no

Type of damage

Property damage

☐ yes ☐ no ☐ not known

Environment damage

☐ yes ☐ no ☐ not known

Personal injury

☐ yes ☐ no ☐ not known

Other

Theft and vandalism

☐ yes ☐ no ☐ not known

Note: In case of theft and vandalism, the renter must immediately report this to the police. The confirmation of the report must be handed over to Zeppelin Rental GmbH immediately. You will receive the relevant data from your rental station.

Further information

We expressly draw your attention to the fact that untrue, incomplete or late information may result in a complete loss or reduction of benefits under the limitation of liability (depending on the severity of the fault). The same applies to failure to submit requested documents relevant to the claim or benefit.

Date

Print name

Signature

Form locked after signing!

