

Damage report for rental vehicles

Please fill out the form properly and send it to us immediately.

Photos and sketches of the accident should be sent by email.

Accident details

Date of accident	Date of accident	Location of accident (Address or section of the highway or country road)
First damage report on		Postal Code City
Date	verbally	GPS data or Google Maps location (if available)
	in writing	

Rental vehicle

Registration no.	Trailer	yes	no	Registration no. of trailer

Driver or person in charge

Surname	First name	
Driver's address		
Postal Code City	Telephone number	
Email		
Driver's license number	valid from	valid until
Class	issued by	

Rental vehicle damage

Description of visible damages to the vehicle:

Use arrows to indicate the damage to the vehicle!

Other damage (e.g., fence, traffic light, guardrail, etc.)



Opposing vehicle and its driver

Registration no.	Trailer	yes	no	Registration no. of trailer
Driver	Owner			
Surname, First name	Surname, First name			
Driver's address	Owner's address			
Postal Code City	Postal Code City			
Email	Email			
Telephone number	Telephone number			

Other people involved

Front seat passenger

Company name

Surname, First name

Address

Postal Code

City

Telephone number

Email

Witness

Company name

Surname, First name

Address

Postal Code

City

Telephone number

Email

Injured person

Company name

Surname, First name

Address

How severe are the injuries?

☐ mild☐ moderate☐ severe

Postal Code

City

Telephone number

Email

Description of the accident

What happened? How did it happen? Why did it happen? What were the consequences?

Photos

☐ yes☐ no

Sketch

☐ yes☐ no

Opposite vehicle damages

What visible damage does the opposing vehicle have?

Photos

☐ yes☐ no

Police and fire department report

Police

☐ no☐ unclear☐ yes

Fire dept.

☐ no☐ unclear☐ yes

Date

Date

Police station

Fire department/station

File reference

File reference

Additional data

Who caused the accident?

☐ myself☐ the other party

Was a blood sample taken?

☐ yes☐ no

Blood sample result

Were you under the influence of alcohol, drugs or medication?

☐ yes☐ no

We expressly point out that false, incomplete or delayed information may result in a complete loss or reduction of benefits from the limitation of liability (depending on the severity of the fault). The same applies if requested documents relevant to the claim or benefits are not submitted.

Date

Surname (block letters)

Signature of driver or person in charge

Entries will be locked after signing!

