Zeppelin Rental GmbH
Graf-Zeppelin-Platz 1
85748 Garching b. Munich
Phone +49 (0) 89 32 000 – 220
Fax +49 (0) 89 32 000 – 222

zeppelin-rental.de
0800-1805 8888
(toll free)

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)

Postal Code

City

GPS data or Google Maps location (if available)

First damage report on

Date

☐ verbally

☐ 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

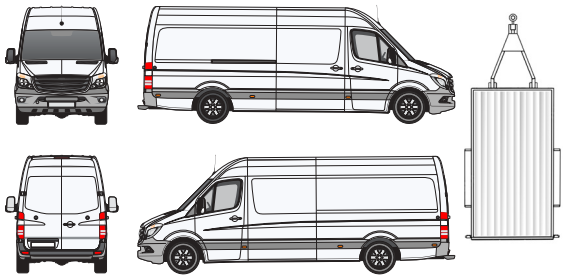
Class

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**

Surname, First name

Driver's address

Postal Code

City

Telephone number

Email

☐ **Owner**

Surname, First name

Owner's address

Postal Code

City

Telephone number

Email

Zeppelin Rental GmbH
HQ: Garching b. Munich
District Court Munich, HRB 23470
Tax-no.: 143/194/51197, FA Munich
VAT-ID DE 815070341

CEO:
Arne Severin (Chairman)
Peter Schrader
COB:
Matthias Benz

Bank details:
UniCredit Bank AG, Munich
BIC: 700 202 70, Acc: 660 555 74
Swift-Code: HYVEDEMMXXX
IBAN-Code: DE17700202700066055574

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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
Postal Code City
Telephone number
Email

How severe are the injuries? ☐ mild ☐ moderate ☐ severe

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 — Date — Police station — File reference

Fire dept. ☐ no ☐ unclear ☐ yes — Date — Fire department/station — 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.

11/07/25
Date

Surname (block letters)

Signature of driver or person in charge *Entries will be locked after signing!*