

Accident report

fast accident assistance:

- ✓ independent vehicle appraisers
- ✓ also in use on weekends
- ✓ On-site service (accident location, workplace, etc.)



24-hour emergency no. **0800 90 90 90 8**
0176 251 34 784

1. Day of Accident	time	2. Location (district, municipality, street, house no.)	3. injured? (even slightly) <input type="checkbox"/> yes <input type="checkbox"/> no
4. material damage other than to vehicle A and B. <input type="checkbox"/> yes <input type="checkbox"/> no		5. witnesses (name, address, telephone)	

vehicle A

6. policyholder (s. a. vehicle registration doc / green insurance card)

name:
 first name:
 address:
 telephone:

7. vehicle

brand, type:
 license plate:

8. insurer

insurance no.
 agent:
 green card no.:
 insurance certificate or green card | date of expiry

is there fully comprehensive insurance?
 yes no

9. driver (s. a. see driving details)

name:
 first name:
 address:
 driver's license no.
 class issued by
 valid from date of expiry

12. circumstances

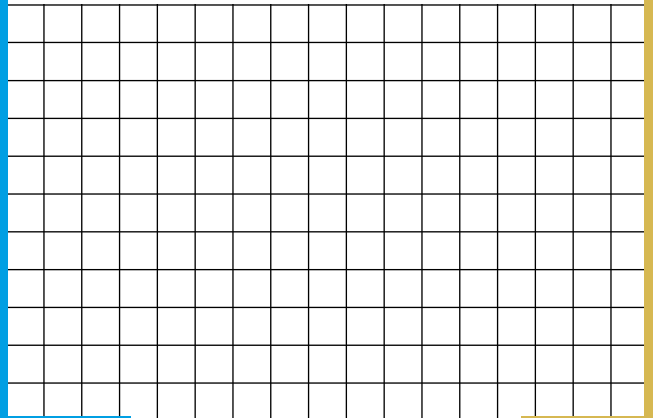
please tick as far as relevant to the description of the sketch

- 1 vehicle parked (on the street)
- 2 drove out of the parking lot
- 3 drove into a parking lot
- 4 drove out of a parking lot, property or dirt/private path
- 5 drove into a parking lot, turned onto a property or a dirt road/privat path
- 6 turned into a roundabout
- 7 drove in the roundabout
- 8 rear-ended another vehicle while traveling in the same direction and in the same lane
- 9 drove in the same direction but in a different lane
- 10 changed lanes
- 11 overtaken
- 12 turned right
- 13 turned left
- 14 reset
- 15 drove into the oncoming lane
- 16 came from the right
- 17 did not heed the right-of-way signs

number of checked fields

13. accident sketch

designate: 1. road routing, 2. direction of vehicles A/B, 3. your position at the moment of collision, 4. street signs, 5. street names



vehicle B

6. policyholder (s. a. vehicle registration doc / green insurance card)

name:
 first name:
 address:
 telephone:

7. vehicle

brand, type:
 license plate:

8. insurer

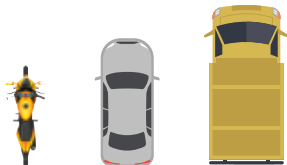
insurance no.
 agent:
 green card no.:
 insurance certificate or green card | date of expiry

is there fully comprehensive insurance?
 yes no

9. driver (s. a. see driving details)

name:
 first name:
 address:
 driver's license no.
 class issued by
 valid from date of expiry

10. (Use an arrow to mark the point of the first impact)



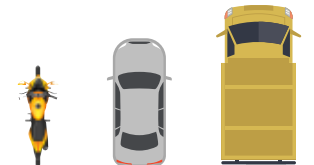
11. visible damage

.....

14. remarks

.....

10. (Use an arrow to mark the point of the first impact)



11. visible damage

.....

14. remarks

15. Signature of both drivers

.....

A

B