

License-plate no.

Trailer license-plate no.

Date of damage / Time

Owner / Company

Owner / Establishment

Accident location

Zipcode, Town

Street

Viewing location

Zipcode, Town

Street

Police Station / Case-file-number

Recorded by police

Yes

No

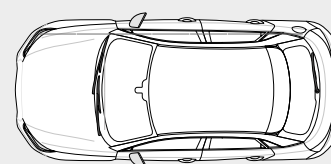
own-damage-claim

part-damage-claim

third-party-liability claim

Description of damage

Please, place damage occurred below



License-plate no.

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vehicle manufacturer, model

Mileage in km

in running condition

Yes

No

roadworthy

Yes

No

Approx. damage amount

Which parts of the car are damaged?

How did the accident occur?

Parking

rear-end collision

break-in / part-thievery / vandalism

Passing

violate the right of way

breakage of glass

Lane change

red traffic-light violation

wild harm

marten-bite damage

Turning

including hit & run

Storm / Hail damage

Driving

(car was parked)

Fire damage

Driver's information

Name, Firstname

phone no.

mobile phone no.

e-mail

Driver's license information

Date of birth

Drivers license date

Drivers license classes

Did the driver cause the damage?

Yes

No

Was the driver billable reprimanded ?

Yes

No

Did the accident occur on the journey to or from work?

Yes

No

Did the accident occur during a private trip?

Yes

No

Did the accident occur during a business trip?

Yes

No

Occasion for your business trip

Were alcohol or drugs involved ?

Yes

No

Blood-Test?

Yes

No

POWERED BY:

CONSENSE
Schaden-Management

phone no.:

01806 452 35338*

e-mail: traxallgermany@consense-as.de

20 cent/call from german landline, up to 60 cent/call from the german mobile network (depending on your provider)

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Owner / Company

Owner / Establishment

Other party involved

License-plate no.

Trailer license-plate no.

vehicle manufacturer, model

Name, Firstname of the driver

adress

phone no.

mobile phone no.

e-mail

Name, Firstname of the owner

adress

phone no.

mobile phone no.

e-mail

Insurance company / policy holder

Which parts of the car are damaged?

Witnesses

Name, Firstname

adress

phone no.

mobile phone no.

e-mail

Name, Firstname

adress

phone no.

mobile phone no.

e-mail

Name, Firstname

phone no.

mobile phone no.

e-mail

Theft & pilferage

Is there a case of thievery?

Yes

No

Was the car secured against thievery?

Yes

No

Car locked?

Yes

No

Steering wheel lock locked?

Yes

No

Ignition key substracted?

Yes

No

Windows closed?

Yes

No

Important note: Please fill out the form completely and truthfully. Incorrect and incomplete details may result in loss of insurance coverage as can deliberately false or incomplete answers, even where the insurer is not thereby disadvantaged.

Date, place

This document was digitally generated and therefore valid without a signature. Please send this Accident Insurance Notice of Claim to the following e-mail address: hla-fleetservices@consense-as.de

POWERED BY:

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e-mail: traxallgermany@consense-as.de

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Accident Sketch

Please recreate the accident by sketch. Alternatively you can create an accident sketch online by using the website: www.unfallskizze.de.