



CLAIMS DIGITAL

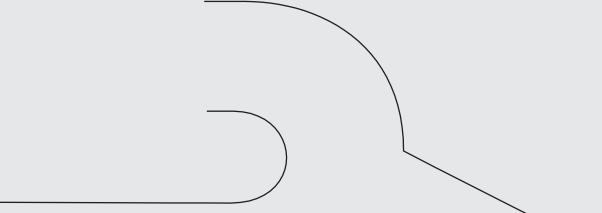
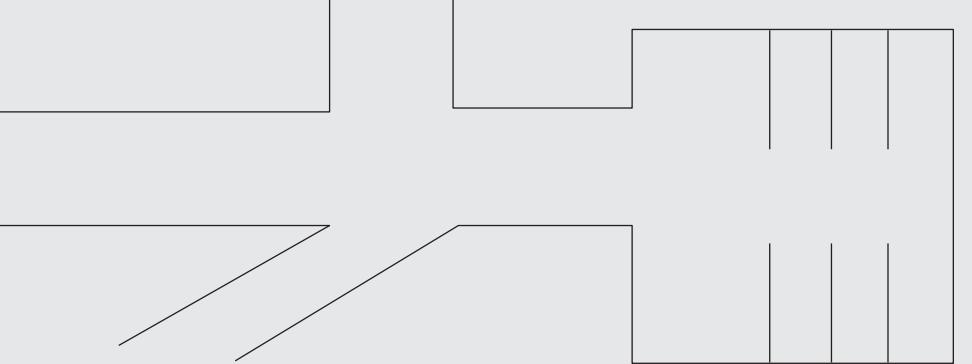
Simple, quick, and secure with
our claims app.



Damage report / accident report

Theft, fire and wild animal collision claims must be reported immediately to the police and the paperwork as well as the notification report must be sent to the following address promptly: Email to: schaden@fuhrwerk.plus or by fax to +49 221-292896-99

Originator of the accident / damage		<input type="checkbox"/> Myself <input type="checkbox"/> Other party		
Vehicle of Fuhrwerk Plus GmbH	1	License plate Manufacturer and model	VIN	
Driver of the Fuhrwerk Plus GmbH vehicle	2	Who was driving the insured vehicle at the time of the accident? <input type="checkbox"/> Mr <input type="checkbox"/> Mrs		
	2.1	Family name, first name, initial _____ _____ _____	Street, house / apartment number _____ _____ _____	Postal code, city, country _____ _____ _____
		Phone number	Email address	
	2.2	Date of birth _____ _____ _____	categories of driving licence _____ _____ _____	Drivers license number _____ _____ _____
	2.3	Was a blood examination done? Yes <input type="checkbox"/> No		Is the driver also the renter of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2.4	If the renter is someone else than the driver, please also include the renter's information.		
		Family name, first name, initial _____ _____ _____	Street, house / apartment number _____ _____ _____	Postal code, city, country _____ _____ _____
Third party	3	Family name, first name, initial _____ _____ _____		Phone number _____
		Email address _____		
		Street, house / apartment number _____ _____ _____	Postal code _____ _____ _____	City _____ _____ _____
Third party vehicle	4	License plate	Manufacturer and model	
		Insurance company		Insurance policy number
Date and place of damage / accident	5	When and where did the damage / accident occur? Please provide precise information (Postal code of the town, the next county town or urban district, side of the road, house number, driving direction, kilometre stone). Date _____ at _____ o' clock Place _____ _____ _____ _____		
Police report	6	Which police station filed the accident report? Please add paperwork Address: _____ Phone number: _____ Name of officer: _____ Reference number: _____ Other information: _____		
Location of vehicle after damage / accident	7	Where can the damaged vehicle be inspected and who is the contact person? (Name, address and contact information of the person) Location of the vehicle after the accident?		
		Contact person		Phone number
		Street, house / apartment number	Postal code, City	Email address

Accident description <p>Please describe how the accident occurred precisely, using your own words. Also use the sketch, that shows common accident situations: intersections, roundabouts, parking lots, ramps.</p>	8	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>												
														
<p>Mark the Fuhrwerk Plus vehicle with A, the vehicle of the third party with B and indicate the respective driving direction.</p>		<p>A</p> <p>B</p> 												
Eyewitness	9	<table border="1"> <tr> <td data-bbox="362 1385 678 1439">Name, first name</td> <td data-bbox="678 1385 1457 1439"></td> </tr> <tr> <td data-bbox="362 1439 678 1493">Street, house number</td> <td data-bbox="678 1439 1457 1493"></td> </tr> <tr> <td data-bbox="362 1493 678 1549">Postal code, city</td> <td data-bbox="678 1493 1457 1549"></td> </tr> <tr> <td data-bbox="362 1549 678 1603">Phone number</td> <td data-bbox="678 1549 1457 1603"></td> </tr> <tr> <td data-bbox="362 1603 678 1657">Email address</td> <td data-bbox="678 1603 1457 1657"></td> </tr> <tr> <td data-bbox="362 1657 678 1713">Passenger in insured vehicle</td> <td data-bbox="678 1657 1457 1713"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Name, first name		Street, house number		Postal code, city		Phone number		Email address		Passenger in insured vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, first name														
Street, house number														
Postal code, city														
Phone number														
Email address														
Passenger in insured vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No													
Injuries	10	<p>Was anyone injured? This information is necessary for notification of claim to the third-party vehicle insurance!</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
Important information		<p>It is mandatory for all insured persons to answer all questions on this form completely, truthfully and to their best knowledge. False or incomplete answers can lead to loss of insurance coverage, even if they do not lead to a disadvantage of the insurer in case of a damage.</p> <p>The insured person alone is responsible for the correctness and completeness of the information provided here, even if a different person fills out the form on his behalf. Lines, other marks or non-response will be treated as negative replies.</p>												
		<p>Place and date</p> <p>Signature of the driver</p> <p>_____</p> <p>_____</p>												