



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 <input type="checkbox"/>	
	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
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	

01.2019

Accident description

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.

Mark the Fuhrwerk Plus vehicle with **A**, the vehicle of the third party with **B** and indicate the respective driving direction.

A

B

Eyewitness

9

Name, first name

Street, house number

Postal code, city

Phone number

Email address

Passenger in insured vehicle

☐ Yes ☐ No

Injuries

10

Was anyone injured? This information is necessary for notification of claim to the third-party vehicle insurance!

☐ Yes ☐ No

Important information

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.

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.

Place and date

Signature of the driver