Damage report

☐ **for car liability insurance**
☐ **for automobile collission insurance**

Please send to the following address: **schadenanzeige@aldautomotive.com.**
Expert orders are issued by ALD AutoLeasing D GmbH only.

Claim/insurance no.:
(filled in by insurance dept.)

Customer:

Driver's name/address: Phone no.:

Driving license category: Issuing authority: Serial no.: Issued on:

Customer car:	Registration no.:	Manufacturer:	Type:	Chassis no.:	Construction year/mileage:

For business customers only: ☐ Private trip ☐ Business trip according to company car regulation
If no specification is made, the trip is handled as a private trip.

Other party:	Registration no.:	Manufacturer:	Type:	Name of liability insurer and insurance intermediary:

Car owner's name/address: Phone no.:

Driver's name/address: Phone no.:

Date of accident: Place of accident (country, city, street, milestone):

Time of accident:

Accident description: Accident sketch:
(use a separate sheet)

Where can the vehicles be inspected?
Customer car:
Third party vehicle:

In case of theft: Vehicle locked? yes ☐ no ☐ Key removed? yes ☐ no ☐ Immobilizer? yes ☐ no ☐ Steering wheel blocked? yes ☐ no ☐

Road conditions, visibility, street signs, speeds:

Name/address of accident witnesses:

Was the accident reported to the police? yes ☐ no ☐ Was a breathalyzer test conducted? yes ☐ no ☐

Which police station recorded the accident: Exact address, phone no.

Log no.:

Who received a caution? Amount:

Was a rental car ordered: yes ☐ no ☐ Car rental company:

Damages on customer car: Estimated costs in €:

Damages on third party vehicle: Estimated costs in €:

Other property damages/bodily injury: Owner:

Who, in your opinion, caused the accident?

Incorrect or incomplete data quoted deliberately will lead to a loss in the insurance cover, even if the untrue or incomplete statements do not cause loss or damage to the insurer.

Place/date

Save Send

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