



MOTOR VEHICLE DAMAGE REPORT

Please fill out and send via email or WhatsApp to:

✉ schaden@driveautovermietung.de

📞 0621 7141 3535

Date of Damage _____

Who, in your opinion, is at fault for the accident?

adversary myself

date: _____ time: _____ Accident Location: _____

Police report: no yes police station: _____ journal number _____

**** in cases of burglary, theft, fire, vandalism, and wildlife damage, reporting to the police authority is required

type of damage: comprehensive insurance claim motor vehicle liability claim

insured vehicle:

official license plate: _____

Manufacturer, Model: _____

damage to the vehicle

in drivable condition? no yes

Approximate vehicle damage amount? _____

Where can the vehicle be inspected?

partner repair shop

Name, Address, Contact Person

☎ _____ ✉ _____

Which parts are damaged?

driver: customer employee

Name, Address

birthday: _____

telephone: _____

Mail: _____

driver's license class _____ Issued by _____

Driver's license since: _____

Has the driver consumed alcohol/narcotics? no yes

blood sample? no yes

Did the driver cause the damage? no yes

result: _____%

other party involved in the accident / injured party

official license plate: _____

Manufacturer, Model: _____

Registered Owner (Name / Address)

insurance:

society: _____

insurance policy number _____

Is the other party admitting fault? no yes

Signature of the other party involved in the accident

incident details: Please use the second page of the damage report for a detailed description of the damage.

- traffic accident rear-end collision (Driver loses control of the vehicle)
- turning accident (collision between turning vehicles and oncoming traffic)
- accident at a turn/intersection (collision between yielding and right-of-way traffic)
- pedestrian accident (collision between a crossing pedestrian and a vehicle)
- accident involving parked vehicles (collision between moving and stationary traffic)
- accident in longitudinal traffic (collision between vehicles of oncoming traffic)

parking damage glass damage storm/hail damage break-in damage / partial theft

wildlife damage fire damage Other Liability/Comprehensive Damage

Witnesses (Name/Address):

theft

Is this a case of theft? no yes Was the vehicle secured against theft? no yes
 vehicle locked windows closed steering wheel lock engaged ignition key removed

Which parts were damaged/ stolen?

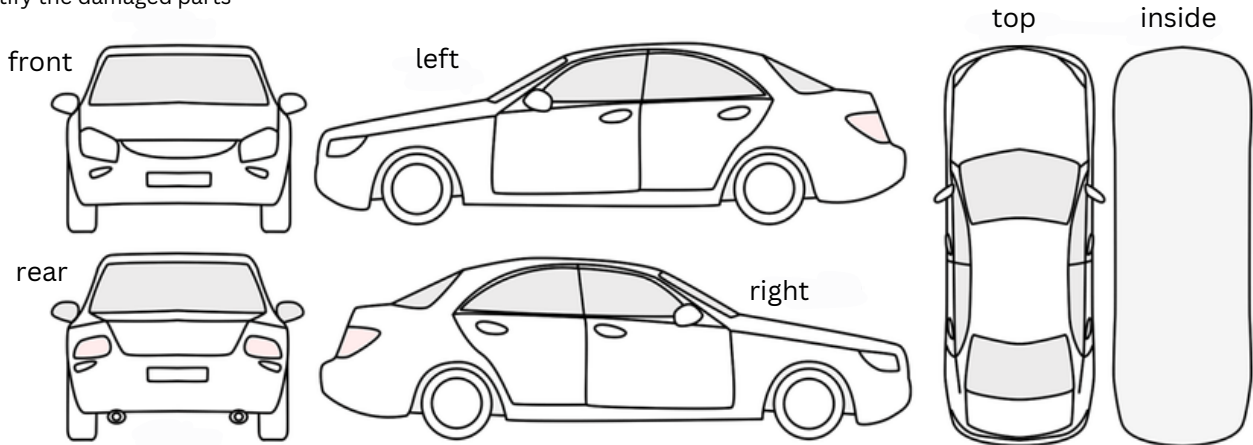
Has the perpetrator been identified? no yes

If yes (Name/Address)

What was damaged?

bump = B scratch = S dent = D glass damage = G paint damage = P fracture = F

Identify the damaged parts



accident sketch:

Please designate: 1. Streets 2. Direction of the vehicles 3. Vehicle positions at the moment of impact 4. Road signs 5. Street names

I am aware that knowingly providing false or incomplete information may result in the loss of insurance coverage, even if it does not cause any harm to the insurer.

Important: Take pictures of the accident or damage, as well as a picture of the opposing vehicle, including the license plate.

location

date

Signature of the driver/insured