



AKTIV ASSEKURANZ Makler

Damage report for Policy No.: _____

Motor vehicle hull Motor vehicle liability

Policyholder (name/address/company stamp):

Are you entitled to deduct tax? Yes (company) | No (private person)

Your bank data:

IBAN: _____

BIC: _____

Date and time of accident: _____ **Town and street:** _____

Own vehicle:

Licence plate: _____

Licence plate trailer: _____

Driver: _____

Tel.-No. driver: _____

Driver's licence class: _____

issued on: _____

Issuing authority: _____

List-No.: _____

Vehicle of accident opponent:

Licence plate: _____ Vehic.-type: _____

Insurer: _____

Policy-No.: _____

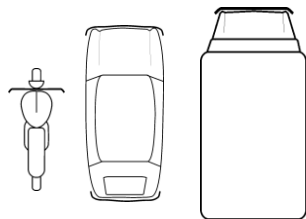
Owner of vehicle: _____

Address: _____

Other property claims: _____

Damaged item(s): _____

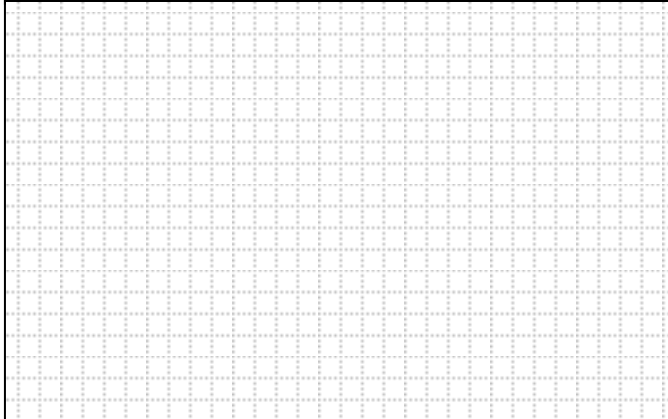
Please mark point of collision with arrow ▼



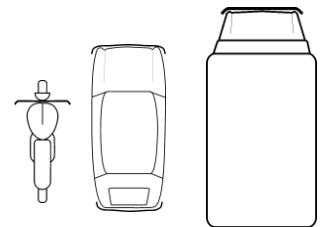
Visible damages:

Sketch of accident:

Please mark: 1. streets, 2. direction of vehicles A und B, 3. your position at time of collision, 4. street signs, 5. street names



Please mark point of collision with arrow ▼



Visible damages:

Persons injured? Yes | No

Police involved? Yes | No

Blood test? Yes | No

Witnesses? _____

Damage description: _____

Date/Signature Policyholder: _____