

Vehicle Notice of damage

Type of damage	
Our damage number	

Contact Information
Phone no. +49 89 38177 - 495
Fax no. +49 89 33039890-403
E-mail KFZ-Schaden@Schunck.de



General data

Date of damage		Time	
License-plate number			
Trailer carried	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trailer license-plate number			
Foreign trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Country

Policy holder

input VAT deductible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your damage number		
Damage number Insurerer		
Cause of damage		
Road conditions		
Weather conditions		
Place damage categorie		

Place damage occurred	postcode/town	
	street	
	additional	

Driver

Name / Firstname		
Street		
Town		
Date of birth		
Alcohol/drugs involved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police station / contact person / case file no.		
Who was warned?		

Driver's license number		
Driver's license issuer		
Driver's license date		
Driver's license classes		
Kind of tour		
Witnesses/CoDriver (with address)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

comprehensive cover damages for own vehicle

Approx. damage amount		Leased vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was damaged? (please attach photos)		Repair intended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Viewing location (address / phone no. / contact person)				
Payment to account				

Other party involved

Name / Companyname		Phone no.	
Firstname		Fax no.	
Street		e-Mail	
Town		License-plate number	
What was damaged? Approx. damage amount EUR			

Description of damage	Liability ambiguous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Claims raised against other party by ourselves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Important note:

Please fill out the form completely and truthfully. Incorrect and incomplete details may result in loss of insurance coverage, as can deliberately false or incomplete answers, even where the insurer is not thereby disadvantaged.

Data protection:

By using this form, the user consents to the collection and processing of personal data in accordance with our privacy policy (www.schunck.de/Datenschutz.aspx) and confirms the knowledge and consent of third parties affected.

Date / Signature