

# Vehicle damage report

claim type

to

asko group  
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DE-33604 Bielefeld

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**Important note:** Please fill out the form completely and truthfully. Incorrect and incomplete information can lead to loss of insurance protection, deliberately incorrect or incomplete answers if the insurer does not suffer any disadvantage as a result.

## general dates

claims date/time	<input type="text"/>	<input type="text"/>
plate no.	<input type="text"/>	external <input type="checkbox"/>
plate no. trailer	<input type="text"/>	external <input type="checkbox"/>
damage occurred	<input type="text"/>	
damage occurred concrete (City/Street)	<input type="text"/>	
occasion	<input type="text"/>	
policy holder (Name/Address/Phone/E-Mail)	<input type="text"/>	
your claim no.	<input type="text"/>	
claim no. asko	<input type="text"/>	
road condition	<input type="text"/>	
causer	<input type="checkbox"/> policy holder	<input type="checkbox"/> opponent <input type="checkbox"/> not clear <input type="checkbox"/> precautionary

## driver

Name <input type="text"/>	First Name <input type="text"/>	license no. <input type="text"/>
Street <input type="text"/>		issuing authority <input type="text"/>
Postal code <input type="text"/>	City <input type="text"/>	license date <input type="text"/>
Date of birth <input type="text"/>		license classes <input type="text"/>
alcohol/drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Result		drive type <input type="text"/>
alcohol/drugs test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Result		

<b>Police</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Witness (inkl. address)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Police station/contact person/File no. <input type="text"/>	<input type="text"/>
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## damages to own vehicle (only needed for casco)

What damages? (photos needed) <input type="text"/>	extend of damage in EUR <input type="text"/>
inspection location (incl. address) <input type="text"/>	Repair <input type="checkbox"/> Yes <input type="checkbox"/> No
bank details: name of bank <input type="text"/>	entitled to deduct VAT <input type="checkbox"/> Yes <input type="checkbox"/> No
BIC <input type="text"/>	claims settlement to <input type="text"/>
IBAN <input type="text"/>	

<b>Accident opponent (enter further participants of the accident at "damage description")</b>	<b>Injured person</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name/company <input type="text"/>	First name <input type="text"/>	Driver name <input type="text"/>
Street <input type="text"/>		Insurer (incl. Address) <input type="text"/>
Postal code <input type="text"/>	City <input type="text"/>	Policy no. <input type="text"/>
Phone <input type="text"/>	Fax <input type="text"/>	What was damaged? <input type="text"/>
E-Mail <input type="text"/>	Plate no. <input type="text"/>	

<b>damage description (incl. sketch)</b>	<input type="checkbox"/> note attachments (side 2, sketch, photos etc.)
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signature