

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"/>
Street	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Date of birth	<input type="text"/>		
alcohol/drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> Result
alcohol/drugs test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> Result

license no.	<input type="text"/>
issuing authority	<input type="text"/>
license date	<input type="text"/>
license classes	<input type="text"/>
drive type	<input type="text"/>

Police Yes No Witness (inkl. address) Yes No

Police station/contact person/File no.

damages to own vehicle (only needed for casco)

What damages? (photos needed)

inspection location (incl. address)

bank details: name of bank BIC IBAN

extend of damage in EUR

Repair Yes No

entitled to deduct VAT Yes No

claims settlement to

Accident opponent (enter further participants of the accident at "damage description") Injured person Yes No

Name/company	<input type="text"/>	First name	<input type="text"/>
Street	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>	Plate no.	<input type="text"/>

Driver name

Insurer (incl. Address)

Policy no.

What was damaged?

damage description (incl. sketch) note attachments (side 2, sketch, photos etc.)

signature