

# Damage Report

- for car liability insurance
- for automobile collision insurance

Please specify always in the e-mail subject line "Damage Report" and your registration No.: **schadenanzeige@carprofessional.de**. Before placing repair order, please get CPM's approval first: **service hotline +49 800 8026348**. Expert orders may only be commissioned by CPM.

<b>Claim/insurance No.:</b> (filled in by insurance dept.)				
<b>Company:</b>				
Driver's name/address:		_____		Phone no.: _____
Driving license category:	Issuing authority:	Serial no.:	Issued on: _____	
<b>Company car:</b>				
Registration no.:	Manufacturer:	Type:	Chassis no.:	Construction year/mileage:
_____	_____	_____	_____	_____
<input type="checkbox"/> Private trip <input type="checkbox"/> Business trip according to company car regulation <small>If no specification is made, the trip is handled as a private trip.</small>				
<b>Other party:</b>				
Registration no.:	Manufacturer:	Type:	Name of liability insurer and insurance intermediary:	
_____	_____	_____	_____	
Car owner's name/address:		_____		Phone no.: _____
Driver's name/address:		_____		Phone no.: _____
Date of accident:	_____	Place of accident (country, city, street, milestone): _____		
Time of accident:	_____	_____		
<b>Accident description:</b> <span style="float: right;">For accident sketch please use a separate sheet.</span>				
<b>Where can the vehicles be inspected?</b>				
Company car: _____				
Third party vehicle: _____				
<b>In case of theft:</b>				
Vehicle locked?	Key removed?	Immobilizer?	Steering wheel blocked?	
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	
Road conditions, visibility, street signs, speeds: _____				
<b>Name/address of accident witnesses:</b> _____				
<b>Was the accident reported to the police?</b> yes <input type="checkbox"/> no <input type="checkbox"/>				
Which police station recorded the accident: _____		Was a breathalyzer test conducted?    yes <input type="checkbox"/> no <input type="checkbox"/>		
_____		Exact address, phone no. _____		
Who received a caution? _____		Log no.: _____		
Was a rental car ordered:    yes <input type="checkbox"/> no <input type="checkbox"/>		Amount: _____		
_____		From which rental company? _____		
Damages on company car: _____		Estimated costs in €: _____		
Damages on third party vehicle: _____		Estimated costs in €: _____		
Other property damages/bodily injury: _____		Owner: _____		
Who, in your opinion, caused the accident? _____				

Incorrect or incomplete data quoted deliberately will lead to a loss in the insurance cover, even if the untrue or incomplete statements do not cause loss or damage to the insurer.

Place/date \_\_\_\_\_

Save

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