

Damage Report

for car liability insurance ☐
for fully comprehensive insurance ☐



CAR PROFESSIONAL
MANAGEMENT

Please send to the following address:

Schadenanzeige@carprofessional.de. Please specify always in the e-mail subject line "Damage Report" and your registration No.
Before placing repair order, please get CPM's approval first: service hotline 0800 / 802 63 48, fax 040 / 471 04-42 19
Expert orders may only be commissioned by CPM.

Claim/insurance No.:
(filled in by insurance dept.)

Company:

Driver's name/Address: _____ Phone No.: _____
Driving license category: _____ Issuing authority: _____ Serial No.: _____ Issued on: _____

Company car:

| Registration No. | Manufacturer | Type | Chassis No. | Construction year/mileage |
|------------------|--------------|------|-------------|---------------------------|
| | | | | |

☐ Private trip ☐ Business trip according to company car regulation If no specification is made,
the trip is handled as a private trip.

Other party:

| Registration No. | Manufacturer | Type | Name of liability insurer and insurance intermediary |
|------------------|--------------|------|--|
| | | | |

Name/Address/Vehicle owner: _____ Phone No.: _____

Name/Address/Driver: _____ Phone No.: _____

Date of accident:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 Place of accident (country, city, street, milestone): _____

Time of accident:

| | | |
|--|--|--|
| | | |
|--|--|--|

Accident description:

Accident sketch:
(use a separate sheet)

Where can the vehicles be inspected?

Company car: _____

Third party vehicle: _____

In case of theft:

| | | | |
|--|--|--|--|
| 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: _____

Name/Address of accident witness: _____

Was the accident reported to the police? yes ☐ no ☐ Was a breathalyzer test conducted? yes ☐ no ☐

Which police station recorded the accident: _____ (exact address, phone No.)? _____

Log No.: _____

Who received a caution? _____ Amount: _____

Was a rental car ordered: yes ☐ no ☐ 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.

SAVE

SEND

Place/Date

C0 PUBLIC (blank form) / C1 CONFIDENTIAL (completed form)

Responsible CPM – KB

Version: 1.0 DE | 22.08.2018