

## DAMAGE REPORT

**IMPORTANT:** The recording of the accident and the preservation of evidence by the police is absolutely necessary. See also EURO-Leasing Business terms and conditions. Please forward the damage report within 48 hours to the damage management.

Date of damage	_____	Time	_____	Location	_____
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### LEASED VEHICLE

License plate number truck \_\_\_\_\_  
 License plate number trailer \_\_\_\_\_  
 Assistance and security systems activated  Yes  No  
 Lessee \_\_\_\_\_  
 \_\_\_\_\_  
 Driver (name, address, telephone, e-mail) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Driver's license no. \_\_\_\_\_  
 Driver's license class \_\_\_\_\_  
 Driving under the influence of alcohol/ drugs  Yes  No  
 Damages to leased vehicle \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Vehicle ready to drive  Yes  No  
 Replacement vehicle required  Yes  No

### OTHER PARTY INVOLVED

License plate number \_\_\_\_\_  
 Vehicle brand / type \_\_\_\_\_  
 Owner of vehicle (name, address, telephone, e-mail) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Driver (name, address, telephone, e-mail) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Driver's license no. \_\_\_\_\_  
 Insurance and policy number \_\_\_\_\_  
 Damages to the other party \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Injuries  Yes  No  
 Property damage  Yes  No

### POLICE

Police  Yes  No  
 Reference No. \_\_\_\_\_  
 Police department (address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WITNESS(ES)

Witness(es) (name, address, telephone, e-mail) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### THE ACCIDENT

Brief account of damage sustained and sketch (how did the accident happen?)

I confirm that all the information is true and correct. Intentionally providing false or incomplete information, as well as the delayed notification of damage, lead to the loss of insurance cover.

» \_\_\_\_\_  
 Place / Date

» \_\_\_\_\_  
 Signature

