

Accident report

In the event of an accident, the Police and Maske Fleet GmbH must be notified. Please send this claim notification via fax to +49 (0) 4286 7703 440 or e-mail it to schaden@maske.de

When folded correctly, this area appears in the window of an envelope.

Maske Fleet GmbH
Schaden-/Unfallabteilung
An der Autobahn 12 - 16
27404 Gyhum/Bockel
Germany

Illustration of the accident

A large rectangular grid with 30 columns and 25 rows, intended for drawing an illustration of an accident.

Comments

A series of horizontal lines for entering comments, consisting of approximately 20 lines within a rectangular frame.

Accident report

Tel.: +49 (0) 4286 7703 444 | Fax: +49 (0) 4286 7703 440

All damage must be reported immediately to Maske Fleet GmbH

Own vehicle (Maske vehicle)

Licence plate: <input type="text"/>	—	<input type="text"/>	Manufacturer/type: _____	Mileage: <input type="text"/>
Chassis No.: _____		Company (customer): _____		
Damage to own vehicle: _____		Trailer: <input type="checkbox"/> Yes, with the licence plate: _____	<input type="checkbox"/> No	

Driver of the vehicle

Surname, first name: _____		Telephone: _____
Address, postcode, town/city: _____		Time shift started on the day of the accident: _____ a.m./p.m.
Date of birth: _____	Driving licence class: _____	Driving licence held since: _____ Valid driving permit: <input type="checkbox"/> Yes <input type="checkbox"/> No

Who caused the accident?

<input type="checkbox"/> Me	<input type="checkbox"/> Me, own damage only	<input type="checkbox"/> Other party	<input type="checkbox"/> Joint fault
<input type="checkbox"/> Third person	<input type="checkbox"/> Unavoidable event	<input type="checkbox"/> Still to be clarified	<input type="checkbox"/> Other party unknown

Time, place

Location of accident (exact description): _____	
Date of accident: _____	Time accident/damage occurred: _____ a.m./p.m. <input type="checkbox"/> Private use <input type="checkbox"/> Business use

Place of accident

<input type="checkbox"/> Motorway/main road	<input type="checkbox"/> Road outside a built-up area	<input type="checkbox"/> Company premises, including construction site
<input type="checkbox"/> Car park or other parking area	<input type="checkbox"/> Road inside a built-up area	<input type="checkbox"/> Multi-storey car park, underground garage

Police statement Yes No

Station: _____	Officer's name: _____	Log book No.: _____
Warning subject to charge: <input type="checkbox"/> Yes, _____ € <input type="checkbox"/> No		
Left scene of accident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Influence of alcohol/drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood test: <input type="checkbox"/> Yes, _____ ‰ <input type="checkbox"/> No

Circumstances of the accident

Situation (lighting switched on):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lighting conditions:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Dusk <input type="checkbox"/> Darkness
Weather:	<input type="checkbox"/> Bright	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Very overcast
	<input type="checkbox"/> Rain	<input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Storm
Road conditions:	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet <input type="checkbox"/> Oily <input type="checkbox"/> Slushy <input type="checkbox"/> Snow-covered <input type="checkbox"/> Icy
Road surface:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete <input type="checkbox"/> Cobbles/basalt <input type="checkbox"/> Sand/grit

Traffic situation at the time of the accident (only provide one description relating to your own vehicle)

<input type="checkbox"/> Participating in moving traffic	<input type="checkbox"/> Starting off in a wait situation (traffic lights, jam, etc.)	<input type="checkbox"/> Ignored right of way
<input type="checkbox"/> Securing of the vehicle (e.g. handbrake not applied)	<input type="checkbox"/> Manoeuvring, turning, parking, reversing	<input type="checkbox"/> Parked vehicle
<input type="checkbox"/> Inappropriate speed	<input type="checkbox"/> Inadequate distance from the vehicle in front	<input type="checkbox"/> Turning left
<input type="checkbox"/> Turning right	<input type="checkbox"/> Driving error (taking a corner too fast, etc.)	<input type="checkbox"/> Loading and unloading
<input type="checkbox"/> Overtaking/passing/travelling alongside	<input type="checkbox"/> Non-vehicular collision	

Special information (only for trucks)

Vehicle use:	<input type="checkbox"/> Local transport	<input type="checkbox"/> Long-distance transport
Load condition:	<input type="checkbox"/> Empty	<input type="checkbox"/> Partially laden <input type="checkbox"/> Fully laden
Load owner:	<input type="checkbox"/> Own property	<input type="checkbox"/> Third-party property

Please send or fax both pages to Maske Fleet GmbH.

Accident report

Tel.: +49 (0) 4286 7703 444 | Fax: +49 (0) 4286 7703 440

All damage must be reported immediately to Maske Fleet GmbH

Other information (types of cause, e.g. missing signpost, inattentiveness, etc.)

People involved with the accident/third-party damage (other party)

Surname, first name: _____ Telephone: _____
Address, postcode, town/city: _____
Licence plate:

					—					
--	--	--	--	--	---	--	--	--	--	--

 Manufacturer/type: _____
Insured with: _____ Insurance/claim No.: _____

Personal claim Yes No

Age of injured party: _____ Family status: _____ Profession: _____
Hospital treatment: Yes No Injuries: _____

Witnesses

1st witness	2nd witness
First name: _____	First name: _____
Name: _____	Name: _____
Street: _____	Street: _____
Postcode, town/city: _____ Telephone: _____	Postcode, town/city: _____ Telephone: _____
Status (e.g. passer-by, passenger): _____	Status (e.g. passer-by, passenger): _____

Circumstances of accident & sketch

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; width: 100%; height: 150px; position: relative;"></div>
---	---

We would like to point out that deliberately false or incomplete statements may lead to the forfeiture of any entitlement to insurance cover, even if the insurance company would not sustain any disadvantage as a result.

Date, Signature

Please send or fax both pages to Maske Fleet GmbH.