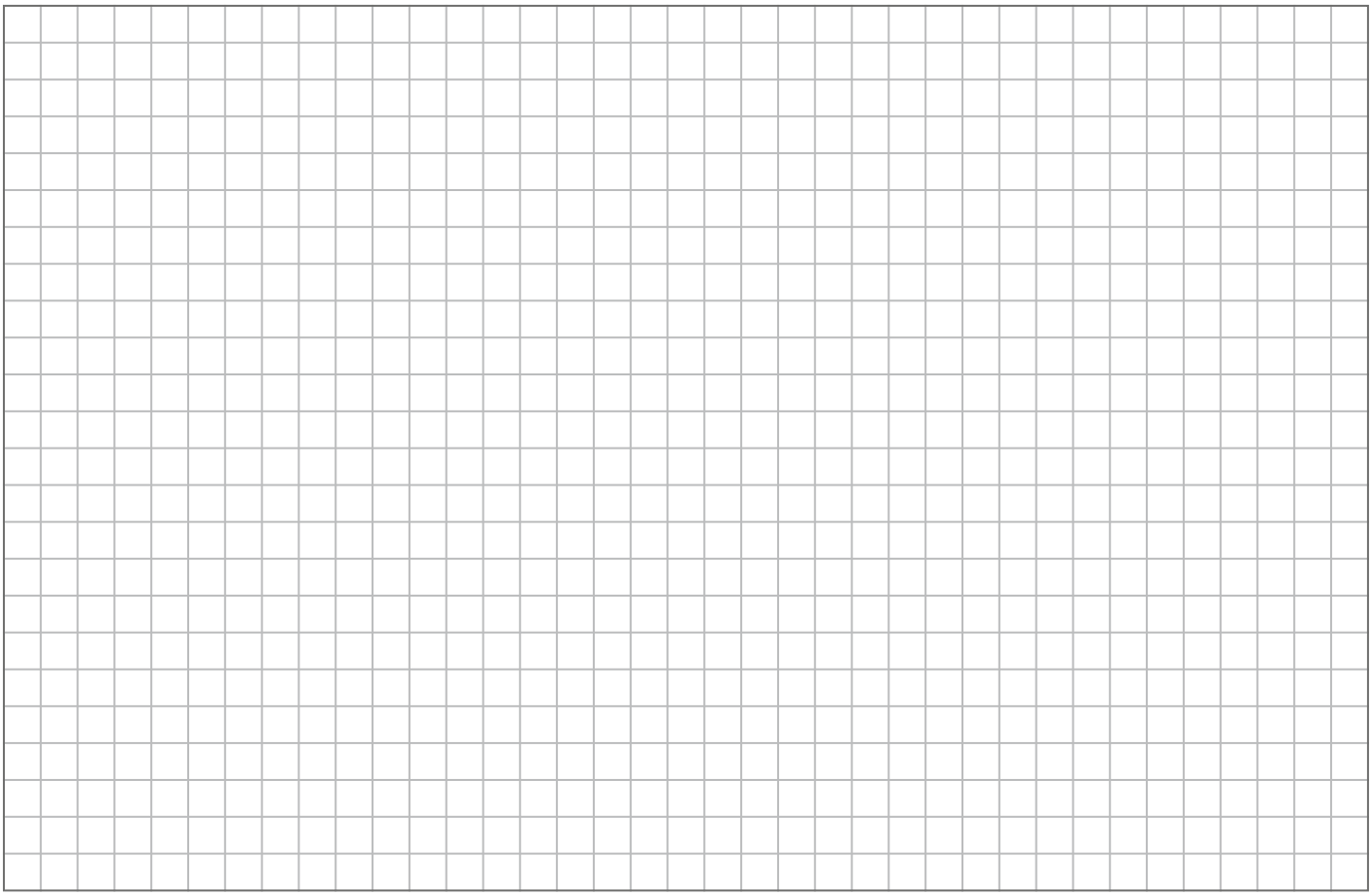
Accident report

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



Comments

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: ___ — ____ ____ Manufacturer/type: _____ Mileage: _____

Chassis No.: _____ Company (customer): _____

Damage to own vehicle: _____ Trailer: ☐ Yes, with the licence plate: _____ ☐ 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: ☐ Yes ☐ No

Who caused the accident?

☐ Me ☐ Me, own damage only ☐ Other party ☐ Joint fault

☐ Third person ☐ Unavoidable event ☐ Still to be clarified ☐ Other party unknown

Time, place

Location of accident (exact description): _____

Date of accident: _____ Time accident/damage occurred: ____ : ____ a.m./p.m. ☐ Private use ☐ Business use

Place of accident

☐ Motorway/main road ☐ Road outside a built-up area ☐ Company premises, including construction site

☐ Car park or other parking area ☐ Road inside a built-up area ☐ Multi-storey car park, underground garage

Police statement ☐ Yes ☐ No

Station: _____ Officer's name: _____ Log book No.: _____

Warning subject to charge: ☐ Yes, _____ € ☐ No

Left scene of accident: ☐ Yes ☐ No Influence of alcohol/drugs: ☐ Yes ☐ No Blood test: ☐ Yes, _____ ‰ ☐ No

Circumstances of the accident

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

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

☐ Participating in moving traffic ☐ Starting off in a wait situation (traffic lights, jam, etc.) ☐ Ignored right of way

☐ Securing of the vehicle (e.g. handbrake not applied) ☐ Manoeuvring, turning, parking, reversing ☐ Parked vehicle

☐ Inappropriate speed ☐ Inadequate distance from the vehicle in front ☐ Turning left

☐ Turning right ☐ Driving error (taking a corner too fast, etc.) ☐ Loading and unloading

☐ Overtaking/passing/travelling alongside ☐ Non-vehicular collision

Special information (only for trucks)

Vehicle use:	☐ Local transport	☐ Long-distance transport	
Load condition:	☐ Empty	☐ Partially laden	☐ Fully laden
Load owner:	☐ Own property	☐ Third-party property	

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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

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

All damage to a Maske Fleet GmbH vehicle that does not require immediate repair must be documented by the customer within one week of the accident at a contracted workshop with a photograph and cost estimate. This documentation must then be sent directly to the Claims Department of Maske Fleet GmbH.

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