

PLEASE COMPLETE IN BLOCK LETTERS

**Leasing car**

It is my fault  Other party is at fault  Unclear   
 Purpose of trip: Business  Private  Trip home – place of work   
 License plate no.: \_\_\_\_\_ Date & hour of accident: \_\_\_\_\_  
 Driver's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Private address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Required driving license: yes  no   
 Issue date of driving license: \_\_\_\_\_ Issuing office: \_\_\_\_\_  
 Driving license no.: \_\_\_\_\_ Driving license categories: \_\_\_\_\_  
 Alcohol consumption: yes  no  Drug use: yes  no   
 Blood sample taken? yes  no  If yes, what was the result: \_\_\_\_\_  
 Location of accident (with zip-code): \_\_\_\_\_  
 Damage to leasing car (e.g. front damage, rear damage or similar): \_\_\_\_\_  
 Car driveable: yes  no  Persons injured: yes  no   
 Car can be inspected at: \_\_\_\_\_  
 Recorded by police: yes  no  Record no.: \_\_\_\_\_  
 Police department with address & phone: \_\_\_\_\_  
 Witnesses with addresses: \_\_\_\_\_

**Circumstances of the accident**

Please write as many details as possible. In case there is not enough room here, please add another sheet. Please show final position of cars involved. If possible take pictures of the accident.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Details on other party involved**

Registered keeper of car: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Driver's last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 License plate no.: \_\_\_\_\_ Vehicle typ: \_\_\_\_\_  
 Insured with: \_\_\_\_\_ Insurance no.: \_\_\_\_\_  
 Damage (e.g. front damage, rear damage or similar): \_\_\_\_\_

**➔ Please send the completely filled in damage report to:**  
 Mobility Concept GmbH, Grünwalder Weg 34, D-82041 Oberhaching  
**Telefax: +49 89 63266-11230, Email: schaden@mobility-concept.de**  
**Hotline: 0800 662 4468 (from abroad: +49 89 63266-501)**