

Please complete in block letters

Please send the fully completed form including photos of the damaged vehicle to:
 Mobility Concept GmbH · Grünwalder Weg 34 · 82041 Oberhaching · schaden@mobility-concept.de
 Damage hotline +49 89 63266-230 - quick and easy scan QR-Code or fill out online at:
www.mobility-concept.de/schaden

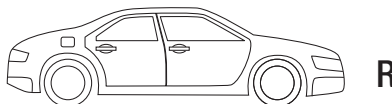
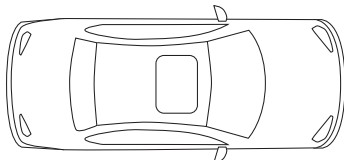
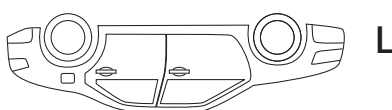


Leased vehicle

Client or company name: _____
 Licence plate no.: _____ trailer no yes trailer licence plate no.: _____
 Insurance company: _____ Deductible Voll-/Teilkasko: _____
 Purpose of trip: business private journey home –place of work Vehicle ID no.: _____
 In my opinion: it is my fault the other party is at fault unclear/indistinct
 Date & time of accident/discovery: _____
 Driver's surname: _____ First name: _____ Date of birth: _____
 Home address: (street, postcode, city): _____
 Phone: _____ E-mail: _____
 In possession of required driving licence: yes no Date of issue: _____
 Issuing authority: _____ Driving licence no.: _____
 Driving licence categories: _____ Alcohol consumption: yes no
 Drug use: yes no Blood sample taken? yes no
 Place of accident/discovery (with postcode): _____
 Damage to the vehicle leased (e.g. front damage, rear damage or similar): _____
 Vehicle ready to drive: yes no Persons injured: yes no
 Location for pickup or assessment: _____
 Recorded by police: yes no Reference no.: _____
 Police department incl. address & phone: _____
 Witnesses: yes no contact data: _____
 Accident penalty payment: yes no
 Who has received a fine (name, address)? _____

Sequence of accident events:

Please describe the sequence of accident events as detailed as possible. Please mark the damages on the graph.



S = scratch
D = dent
C = stone-chipping

Details on other party involved

Registered keeper of vehicle: _____
 Address: (street, postcode, city): _____
 Driver's surname: _____ First name: _____ Phone: _____
 Address: (street, postcode, city): _____
 Licence plate no.: _____ Vehicle model: _____
 Insurance company: _____ Insurance policy no.: _____
 Damage (e.g. front damage, rear damage or similar): _____
 Pre-damage existing? yes no If yes, which ones? _____