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Agency Code: Policy No.: Claim No.:

Third party damage O Comprehensive O Collision or upset O

Claim Report: Please answer all questions carefully and truthfully.

Insured

Name of the Insured:_____ Rank:_____

Social Sec.No._____ Tel.No.priv._____ Duty:_____

Address(unit):_____ APO(loc.)_____

Address(priv):_____

e-mail address duty: _____ e-mail address private: _____

Date of birth:_____ DEROS:_____

Married and living with spouse in Germany? Yes O No O

Your vehicle

Motorcycle O Passenger car O Van O Trailer O

License Plate No. Chassis No. year of manufacture

Mileage Model Number of seats

How old are the tires of the car?
_____km/miles until accident

Did your vehicle show any defects before the accident?(tires,breaks, steering etc.)

Lienholder

Is your vehicle financed? No O Yes O By whom?

Time and place of accident/ incident:

Date of accident/incident:_____ Hour:_____

Place of accident/incident:_____

Town/Highway to:_____

Driver of insured´s vehicle

Name and address of the driver:_____

Social Sec.No.:_____ Tel.No.:_____

Date of birth:_____ DEROS: _____

Did he own a valid driver's license?_____ Number:_____

Issued by:_____ Expiration date:_____

If driver other than insured,was he authorized?_____ If yes, by whom?_____

Did the driver consume alcohol before accident?_____

If so, during which period of time, what kind and quantities?_____

Was a blood test made?_____ If yes, Result:_____

Witnesses and Police

Names and addresses of passengers in your car:_____

Names and addresses of other witnesses:_____

Was the accident/incident investigated by the police? Yes O No O

German Police_____ (agency, town)

Military Police_____ (agency, town)

Was anybody fined at the scene of the accident? Yes O No O If yes, who ?

Description of accident/ incident (your vehicle No. 1)

Please draw diagram (showing positions of vehicles and persons involved, their approximate distance, and the direction in which they were moving.)

Circum-stances of accident

Speed of your vehicle at the time of the accident: _____mph

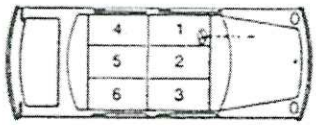
Speed of the other vehicle involved: _____mph

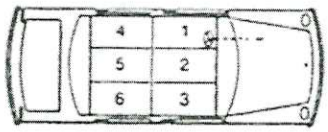
Weather conditions:
O clear O rain O fog O snow
Lighting: O daylight O dusk O dark

Road conditions:
O black top O concrete O cobbled
Condition of pavement:
O dry O slippery O icy O wet

Damage

your car **Please mark damage** other car





Extent of damage (for stolen parts state purchasing date, price and send original purchase bills):

Name(s) and address(es) of owner(s) of other car(s) involved:

Where can your car be inspected?

Kind of property (vehicles, fence, wall, guardrail) :

Estimated repair costs: _____€

Please provide a written estimate and pictures in case of a comprehensive or collision claim !

Please complete only in case of theft

Was the vehicle itself stolen? O Yes O No

How was the vehicle secured against theft?

O windows closed O steering lock blocked O chain and lock
O doors locked O ignition key withdrawn O or otherwise:

Were the stolen parts locked up (inside) or were they fastened to the car?

O Yes,how?_____ O No

Who parked the vehicle before the theft?_____

Where?_____ Day:_____ Time:_____

Persons injured

Name address age	Were seat belts used? yes	No	Indicate the seat (No. see above) Occupant of insured car	Occupant of other car	Pedestrian or bicyclist
	O	O			
	O	O			
	O	O			

Nature and extent of injuries:_____

If medical treatment was necessary, give name and place of hospital, doctor or dispensary:_____

These statements are true and made to the best of my knowledge. I know I shall lose my insurance coverage if these statements are not true and complete even if they do not cause any disadvantage to the insurer.

Place and date

Signature of insured

Signature of driver