



DAMAGE REPORT

IMPORTANT: The recording of the accident and the preservation of evidence by the police is absolutely necessary. See also EURO-Leasing Business terms and conditions. Please forward the damage report within 48 hours to the damage management.

Date of damage	Time	Location
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LEASED VEHICLE

License plate number truck _____

License plate number trailer _____

Assistance and security systems activated Yes No

Lessee _____

Driver (name, address, telephone, e-mail) _____

Driver's license no. _____

Driver's license class _____

Driving under the influence of alcohol/ drugs Yes No

Damages to leased vehicle _____

Vehicle ready to drive Yes No

Replacement vehicle required Yes No

OTHER PARTY INVOLVED

License plate number _____

Vehicle brand / type _____

Owner of vehicle (name, address, telephone, e-mail) _____

Driver (name, address, telephone, e-mail) _____

Driver's license no. _____

Insurance and policy number _____

Damages to the other party _____

Injuries Yes No

Property damage Yes No

POLICE

Police Yes No

Reference No. _____

Police department (address) _____

WITNESS(ES)

Witness(es) (name, address, telephone, e-mail) _____

THE ACCIDENT

Brief account of damage sustained and sketch (how did the accident happen?)

I confirm that all the information is true and correct. Intentionally providing false or incomplete information, as well as the delayed notification of damage, lead to the loss of insurance cover.

Place / Date _____

Signature _____