

Accident report for traffic accidents

All data please with block letters or with typewriter register. Please mark applicable.

A. General data

Day of accident: _____ Time of accident: _____ Place of accident: _____

Address: _____

Purpose of travel: Business Private

B. Data of Zeppelin Rental – vehicle and its driver

Registration no.: _____

Registration no. of trailer: _____

Driver: Zeppelin Rental employee Customer Customer no.: _____

Zeppelin Rental agent: _____

Name: _____ First name: _____ born: _____

Address of driver: Zip and city: _____ rd. / no.: _____

Drivers licence: Classes: _____ issued to: _____ by authority: _____

Name and address of the front seat passenger: _____

Damage to the vehicle: _____

Costs of damage € approx.: _____

C. Data of the opposing vehicle

Registration-no: _____ Registration no. of trailer: _____

Brand: _____ Type: _____

Insurance: _____ Police-no.: _____

Drivers name: _____ First name: _____ born: _____

Drivers adress: _____

Name and address of the owner of the vehicle: _____

Name and address of the front seat passenger: _____

Damage to the vehicle: _____

Other damages: _____

D. Names and addresses of witnesses:

Please turn/scroll!

E. With bodily injury or killed:

Name and address of the hurt one (killed one):

What kind of injuries?

F. Description of accident: If there is not enough space, please continue on a separate sheet.**G. Additional data:**

Speed of vehicles:

Zeppelin:

Opposite vehicle:

Light-, weather- and road-conditions:

Address of police-station:

Police file reference:

Who was chargeable warned?

You

Accident opponents

Was complained of the road safety of your vehicle?

Yes

No

Have you been under influence of alcohol, drugs or medicine?

Yes

No

A **sketch** of the accident has to be added!

Place, date

Signature of the driver
of the Zeppelin Rental-vehicle

Signature of the supervisor

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