# Claim report

Report accidents to: Tel +41 800 81 84 18. Fax: +41 449 08 64 01
Send claim reports to: Schadenzentrum AG, Alphabet Fuhrparkmanagement (Schweiz) AG
Industriestrasse 12, 8305 Dietlikon, alphabet@schadenzentrum. ch

## Date of event:

Time:

Accident location (town, street):

Police: ☐ yes ☐ no

District:

Person who caused the accident:

## Lessee (policyholder)

Name:

Street address:

Postal code/town:

Tel no.:

## Driver

Name:

Street address:

Postal code/town:

Date of birth:

Driver's licence no.: Class:

Category B issue date:

## Insurance company

Name:

Office:

Policy no.:

## Vehicle data

Licence plate:

Vehicle type:

Make/model:

Chassis no.:

Mileage in km:

## Where can the vehicle be inspected during the daytime?

Workshop:

Address:

Postal code/town:

Tel no.:

## Opposing party of accident (policyholder)

Name:

Street address:

Postal code/town:

Tel no.:

## Driver

Name:

Street address:

Postal code/town:

Date of birth:

Driver's licence no.: Class:

Category B issue date:

## Insurance company

Name:

Office:

Policy no.:

## Vehicle data

Licence plate:

Vehicle type:

Make/model:

Chassis no.:

Mileage in km:

## Where can the vehicle be inspected during the daytime?

Workshop:

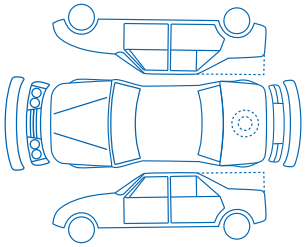
Address:

Postal code/town:

Tel no.:

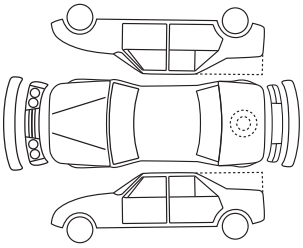
## How the accident occurred (please fill this out even if there is a police report)

Mark the point of impact on the vehicle:



Accident sketch

Mark the point of impact on the vehicle:



### Passengers and witnesses

Name:

Address:

Postal code/town:

Tel no.:

### People injured or killed

(for third party liability insurance and/or accident insurance)

Name:

Address:

Postal code/town:

Occupation:

Marital status:

Date of birth:

Employer:

### Passengers and witnesses

Name:

Address:

Postal code/town:

Tel no.:

### People injured or killed

(for third party liability insurance and/or accident insurance)

Name:

Address:

Postal code/town:

Occupation:

Marital status:

Date of birth:

Employer:

## Power of attorney

The undersigned hereby authorises the company to obtain information from other insurers or third parties about the claim and to access official and court documents pertaining to the claim.

In addition, the undersigned hereby authorises the doctors and third parties asked by the company to disclose all requested information relating to the claim to the company or its medical service.

The undersigned hereby agrees that the company may transmit data stemming from the claim to other insurers, in particular coinsurers and reinsurers in Switzerland and abroad, to the extent necessary.

Place and date:

Driver signature:

Place and date:

Driver signature:

Please note that only the insurance or Alphabet may place orders for repairs.
The fully filled out form must be received by Alphabet Fuhrparkmanagement (Schweiz) AG within 5 days of the date of the damage.