MF Fleetmanagement

MF Fleetmanagement AG
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8152 Glattbrugg

Hotline 0800 0240 0240
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Notification of motor vehicle insurance claim

In the event of damage please fill out and send to the address above.

Declaration of damage

Agreement no: Plate no.:

Customer/Policyholder name:

Driver at time of accident

Full name: Phone No. company/mobile: _____

Phone No. private:

Driver licence class: Issuing authority: issued on:

Street/postal code/city/town of residence: Date of birth:

Vehicle A (own vehicle)

Type of vehicle: ☐ Passenger car ☐ Truck ☐ Other Chassis- oder Stamm-Nr.:

brand/model: PS/KW/ccm:

In use since: Odometer reading:

Accident details

Date of damage/theft: Place and street (precise description)

Details of damage (description and diagram on reverse if necessary):

With whom is the vehicle owner insured (liability, accidental damage)?

Has the case been reported? ☐ Yes ☐ No

Do you have legal expenses insurance cover? ☐ No ☐ Yes, upon whom?

Which parts of the vehicle were damaged?:

Amount of damage approx.: CHF

Please note your desired body repair shop partner – according to the partner list of MF Fleetmanagement AG:

Name partner: Place partner:

What was stolen (attach purchase and invoice documents if applicable):

Previous damage? ☐ No ☐ Yes, what previous damage?:

Is a car being rented? ☐ Yes ☐ No Was the driver driving with your permission? ☐ Yes ☐ No

Was a police report taken? ☐ No ☐ Yes, by which police unit:

Was the driver given a blood alcohol test?

☐ No ☐ Yes, result (‰) ☐ Personal travel ☐ Business travel

Vehicle B (other vehicle)

Name of driver: Vehicle owner's name:

Street:

Postcode, town:

Plate no.: Make/model:

Extent of damage to this vehicle/object:

Bodily injury? ◯ No

◉ Yes Who:

From whom does the vehicle owner draw liability insurance?

Policy no.:

Name and address of witnesses:

In your opinion, who is responsible for the accident, and in what way?:

Place/date/signature of drive Place/date/signature of leaseholder/contracting party

The undersigned authorises the insurance company to inspect the official and court documents as well as the documents held by other offices.

Vehicles			Motorcycle driver	Cyclist	Pedestrian
Own vehicle A	Other vehicle B	Other vehicle			
1	2	3			

Diagram

Senden