

ACCIDENT REPORT



ASL
Part of GE Capital Solutions

ASL ACCIDENT MANAGEMENT

SERVICE-LINE: +49 6102 36-1305
 FAX: +49 6102 36-1262
 E-Mail: insurance.germany@ge.com

Please send this accident report immediately to GE Auto Service Leasing GmbH.

Accident Details	Date: _____ Time: _____			
	Street: _____		City: _____	
	Country: _____			
Applicant	Company name: _____			
	Licence Plate: _____	First registration: _____	Mileage: _____	
	Driver: Last Name/First Name: _____		Date of Birth: _____	
	Street: _____		Postal Code/City: _____	
	Phone (business): _____		Phone (mobile): _____	
Driver's Licence: Licence No.: _____ Place/Date of Issue: _____				
Other Party involved	Company name: _____			
	Licence Plate: _____	First registration: _____	Mileage: _____	
	Driver: Last Name/First Name: _____		Date of Birth: _____	
	Street: _____		Postal Code/City: _____	
	Phone (business): _____		Phone (mobile): _____	
	Owner of the vehicle: Last Name/First Name: _____			
Street: _____		Postal Code/City: _____		
Car Insurance: _____ Policy No.: _____				
Witness(es)	Witness(es): Last Name/First Name: _____			
Street: _____		Postal Code/City: _____		
Injured Person(s)	Injured Person(s): Last Name/First Name: _____			
Street: _____		Postal Code/City: _____		
Police	Name and Department of Police Officer taking the report: _____			
	Report No.: _____			
In case of (car) theft, burglary, fire damage, damage caused by game, it is obligatory to give notice to the police without delay.				
Details	At the time of the accident the car was used:		For business purposes <input type="checkbox"/>	For private purposes <input type="checkbox"/>
	Driver has consumed alcohol within the past 12 hours?	Yes	No	
	A blood alcohol test was performed?	Yes	No	Result: ‰
	A chargeable caution was issued to one of the parties involved?	Yes	No	Whom?
	The car has already been repaired?	Yes	No	
	Repair shop?			

Please turn over!

Details	Weather conditions: <input type="checkbox"/> sun <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> fog
	Road conditions: <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> icy <input type="checkbox"/> dirty

Description of Accident	Please describe how the accident occurred.	
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<p>According to your opinion – who caused the accident?</p> <hr/>	<div style="background-color: #0056b3; color: white; padding: 5px; text-align: right; font-weight: bold;">Sketch Drawing</div>
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Damages	ASL Vehicle	Other Party

Declaration	<p>The questions are answered to the best of my knowledge and belief. We emphasise that in compliance with the terms and conditions of the compulsory third party insurance, every occurrence of event insured must be reported by the insurance holder within 7 days. Otherwise you will jeopardise your insurance coverage.</p>	
	Place/Date: _____	Signature driver: _____
	Place/Date: _____	Signature supervisor/lessee: _____

Please send to: or fax to **+49 6102 36-1262**

GE Auto Service Leasing GmbH
ACCIDENT-MANAGEMENT
Thomas-Edison-Platz 1
63263 Neu-Isenburg
Deutschland