

Agreed Statement of Facts on Motor Vehicle Accident

Does not constitute an admission of liability, but a summary of identities and of facts which will speed up the settlement of claims.



Important information for the garage performing the repairs.

Only LeasePlan partners are permitted to perform repairs unless otherwise agreed with our customer.
Please contact LeasePlan before commencing work at:
T +43 1 601 02-370 **Damage Management**
A copy of the driver's damage report must be provided for approvals.

If no written approval is issued by LeasePlan the repairs are unauthorized and performed at your own risk (expense)!
Please include the wholesale discount on spare parts in your pricing.
Invoices should be issued to:
LeasePlan Österreich Fuhrparkmanagement GmbH
Abteilung Schadenmanagement, Clemens-Holzmeister-Straße 6 1100 Vienna

Must be signed by BOTH drivers!

1. Date of accident _____ time _____	2. Place (street, house No. and/or kilometre stone) _____	3. Injuries? (even if slight) no <input type="checkbox"/> yes <input type="checkbox"/> *
4. Property damage other than to the vehicles A and B no <input type="checkbox"/> yes <input type="checkbox"/>	5. Witnesses (Names, addresses and tel. nos.; <i>to be underlined if it relates to passengers in A or B</i>) _____	

Vehicle A

6. Insured policyholder (see insurance cert.)

Name _____
Address _____
Telephone _____
Can the insured recover the VAT on the vehicle?
no yes

7. Vehicle

Make, type _____
Registration No. (or engine No.) _____

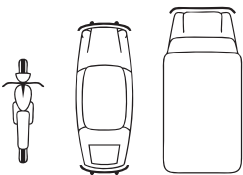
8. Insurance company Agent (or broker)

Policy No. _____
Agent: _____
Nr. der Grünen Karte: _____
Ins. Cert. or Green Card valid until _____
Is damage to the vehicle insured?
no yes

9. Driver (see driving licence)

Surname _____
First Name _____
Address _____
Driving licence No. _____
group _____ Issued by _____
Valid from _____ to _____

10. Indicate the point of impact by an arrow



11. Visible damage

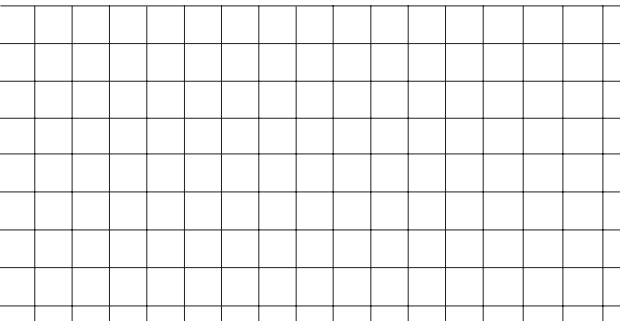
14. Remarks

12. Please mark relevant number

<input type="checkbox"/>	1	Car was parked	<input type="checkbox"/>
<input type="checkbox"/>	2	Car was moving off	<input type="checkbox"/>
<input type="checkbox"/>	3	Car was stopping	<input type="checkbox"/>
<input type="checkbox"/>	4	was leaving a driveway or lane	<input type="checkbox"/>
<input type="checkbox"/>	5	was turning into a driveway or lane	<input type="checkbox"/>
<input type="checkbox"/>	6	was turning into a roundabout	<input type="checkbox"/>
<input type="checkbox"/>	7	was circulating in a roundabout	<input type="checkbox"/>
<input type="checkbox"/>	8	struck the rear	<input type="checkbox"/>
<input type="checkbox"/>	9	was driving in the same direction, but in a different lane	<input type="checkbox"/>
<input type="checkbox"/>	10	was changing lanes	<input type="checkbox"/>
<input type="checkbox"/>	11	was overtaking	<input type="checkbox"/>
<input type="checkbox"/>	12	was making a right-hand turn	<input type="checkbox"/>
<input type="checkbox"/>	13	was making a left-hand turn	<input type="checkbox"/>
<input type="checkbox"/>	14	was reversing	<input type="checkbox"/>
<input type="checkbox"/>	15	entering the opposite traffic lane	<input type="checkbox"/>
<input type="checkbox"/>	16	was coming from the right side	<input type="checkbox"/>
<input type="checkbox"/>	17	failed to observe a give-way sign	<input type="checkbox"/>
		◀ Total of marked numbers ▶	

13. Sketch

Indicate: 1. the layout of the road – 2. by arrows the direction of the vehicles A, B – 3. their position at the time of the impact – 4. traffic signs – 5. names of the streets or roads



15. Signatures of the drivers

A _____ B _____

Vehicle B

6. Insured policyholder (see insurance cert.)

Name _____
Address _____
Telephone _____
Can the insured recover the VAT on the vehicle?
no yes

7. Vehicle

Make, type _____
Registration No. (or engine No.) _____

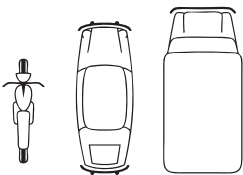
8. Insurance company Agent (or broker)

Policy No. _____
Agent: _____
Nr. der Grünen Karte: _____
Ins. Cert. or Green Card valid until _____
Is damage to the vehicle insured?
no yes

9. Driver (see driving licence)

Surname _____
First Name _____
Address _____
Driving licence No. _____
group _____ Issued by _____
Valid from _____ to _____

10. Indicate the point of impact by an arrow



11. Visible damage

14. Remarks

* State name and address