

In case of theft of personal items from the car, please provide the following information (if available please enclose receipts of the stolen items)

Item	Date of purchase	Price
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account payee

Injured persons (first name, name, address, phone no., type of injury)

a

b

Remarks

This report corresponds fully reflects the situation as it occurred. The undersigned authorises the insurance company to have access to the relevant official, legal, medical and other files.

Place, date _____ Signature _____

Please send your damage claim to:

LeasePlan (Switzerland) Ltd, Baslerstrasse 60, CH-8048 Zürich
 T. 0800 845 625, F. 044 746 64 14
 E-Mail: servicecenter.ch@leaseplan.com

Vehicle Damage Report

LP damage no. This part will be completed by LeasePlan (Switzerland) Ltd: _____

To be completed by the driver:

Vehicle

Car/type
Registration
Chassis no.

Driver

First name/name	
Address	
Postal code/town	
Date of birth	Driver licence since
Phone no.	E-mail

Accident information

Date	time
Postal code/town	
Vehicle speed	
Road conditions	

Has the accident been reported to the police? Yes no

Police station

Please describe clearly how the accident took place

Description

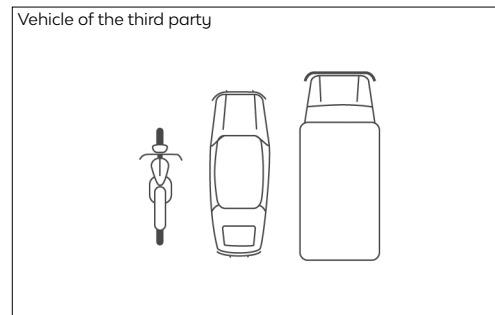
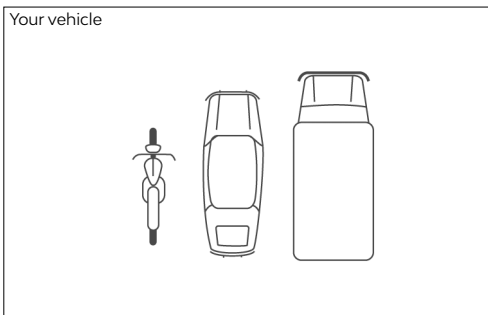
Sketch

Who was responsible for the accident?

- Our Driver
 Third Party
 Other Parties

Reason

Please indicate the collision points for both parties by marking these points with arrows



Witnesses

Name, address, phone no.

Name, address, phone no.

Name, address, phone no.

Information about other driver's third-party insurance

Owner/driver of the vehicle (first name, name, address)

Vehicle type

Damaged parts

Registration

Insurance company

Year of construction

Insurance contract no.

Body repair shop

Other damaged objects (non-vehicle-related)

(e.g. fence, guard rail etc.)

Damages to your own car

Damaged parts

Repairs will be carried out by our body repair shop partner (name, place)

Reason for the damage (please tick the correct box)

- Collision
 Fire
 Natural hazard
 Snow or ice
- Theft
 Glass breakage
 Animal (collision)
 Marten
- Vandalism
 My car was parked when an unknown vehicle damaged my car

Other