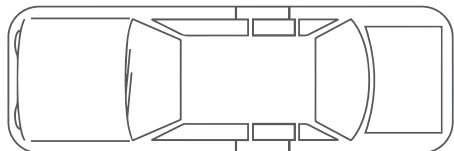
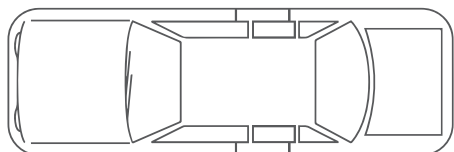


Claim form

Insurance company	Name of insurance company	<input type="checkbox"/> Collision damage waiver	<input type="checkbox"/> Liability insurance
Policyholder/ company	Name		
	Address		Postal code/City
	Damage happened during occupational or private driving:	<input type="checkbox"/> Occupational	<input type="checkbox"/> Private
Driving license	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Driver <small>(if the driver is not the policyholder)</small>	Name		E-mail
	Address	Postal code/City	Phone
	The driver:	<input type="checkbox"/> Is employed by policyholder <input type="checkbox"/> Works as a repairman	
		<input type="checkbox"/> Borrowed the car <input type="checkbox"/> Other	
The vehicle	License plate	Car brand/model	
The accident	Date	At (0-24 o'clock)	Where did the accident happen?
Police report	Was a police report filed?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Only contacted via phone
	Name of police station		File number
Description of the accident	Collision speed		
	The policyholder's vehicle (km/h)		The counterpart's vehicle (km/h)
	How did the accident happen?		
	In your opinion, who is responsible for the accident?		<input type="checkbox"/> The driver <input type="checkbox"/> The counterpart
Outline of the place where the accident took place	<input type="checkbox"/> Your vehicle <input type="checkbox"/> The counterpart's vehicle <input type="checkbox"/> Neutral witnesses		

Damage to own vehicle	Describe the damage to the vehicle		Mark the damage with an X	
				
	Do you have a roadside service subscription?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, with which company?			
	Where was the vehicle taken for repair?	Address		
		Postal code/City		
Witnesses	Name/address/phone/e-mail			
	Name/address/phone/e-mail			
Counterpart/ the injured	Name/address/phone/e-mail			
	License plate		Insurance company	
			Policy number	
Damage to the counterpart's vehicle	Describe the damage to the vehicle		Mark the damage with an X	
				
Damage to objects	Which objects have been damaged, and to which extent?			
	To whom do the damaged objects belong?			
Personal injury	The extent of the injury			
	Name/Address			

I hereby declare that the information provided is a true and fair picture of real situation.

City _____ Date _____

The driver's signature _____

The completed claim form should be submitted to forsikringdk@leaseplan.com

