

CLAIM NOTIFICATION FORM

Important notice: Acquisition of incident data and preservation of evidence must be done by the police!
Should this form not be handed in on time your insurance coverage is at risk!

Please send this claim notification form immediately, at latest within 48 hours to:

Fraikin Deutschland GmbH
Schadenabwicklung
Valerystraße 1
D-85716 Unterschleißheim

E-mail: deu.schadenmeldung@fraikin.com

Overview		
Date of incident:	Time of incident:	
City, postal code, (alt. highway number, etc.):	Street, house number (alt. crossroads, company premises, etc.):	
Party A (Fraikin vehicle)	Party B (opponent)	
Number plate of towing vehicle:	Number plate:	
Number plate of trailer:	Vehicle type (producer, brand):	
Rental customer:	Vehicle owner (name, address, phone number):	
Driver (name, address, phone number):	Driver (name, address, phone number):	
Driving licence number:	Insurance company and policy Number	
Damage to Fraikin vehicle:	Damage to opponent's vehicle:	
Police		
Police was on-site: <input type="radio"/> yes <input type="radio"/> no	Person injured: <input type="radio"/> yes <input type="radio"/> no	Witnesses (name, address, phone number):
Police department:	Blood sample take from: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> both <input type="checkbox"/> none	
Police reference number:	Reprimand on: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> none	
Incident description: How did the incident happen?		
A = Fraikin vehicle; B = opponent's vehicle:		
Place, date:	Signature of driver / rental customer:	

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Please use the space below for further incident description notes and a sketch of the incident situation.

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Sketch and further details

A = Fraikin vehicle; B = opponent's vehicle:

