



| | | |
|--|-------------------------------------|--|
| Agency Code: | Policy No.: | Claim No.: |
| <hr/> | | |
| Third party damage <input type="radio"/> | Comprehensive <input type="radio"/> | Collision or upset <input type="radio"/> |

Claim Report: Please answer all questions carefully and truthfully.

| | | | | |
|---|---|-------------------------------------|---|-------------------------------|
| Insured | Name of the Insured: _____ | | Rank: _____ | |
| | Social Sec.No. _____ | Tel.No.priv. _____ | Duty: _____ | |
| | Address(unit): _____ | | APO(loc.) _____ | |
| | Address(priv): _____ | | | |
| | Date of birth: _____ | | Rotation date: _____ | |
| | Married and living with spouse in Germany? Yes <input type="radio"/> | | No <input type="radio"/> | |
| Your vehicle | Motorcycle <input type="radio"/> | Passenger car <input type="radio"/> | Van <input type="radio"/> | Trailer <input type="radio"/> |
| | License No. _____ | Chassis No. _____ | year of manufacture _____ | |
| | Mileage _____ | Model _____ | Number of seats _____ | |
| | How old are the tires of the car? _____ km/miles until accident | | Did your vehicle show any defects before the accident?(tires,breaks, steering etc.) _____ | |
| Lienholder | Is your vehicle financed? No <input type="radio"/> Yes <input type="radio"/> | | By whom? _____ | |
| | Should my vehicle be totaled, I agree that the lienholder receives the entire amount of settlement due! Yes <input type="radio"/> No <input type="radio"/> | | | |
| Time and place of accident/incident: | Date of accident/incident: _____ | | Hour: _____ | |
| | Place of accident/incident: _____ | | | |
| | Town/Highway to: _____ | | | |
| Driver of insured's vehicle | Name and address of the driver: _____ | | Tel.No.: _____ | |
| | Social Sec.No.: _____ | | Rotation date: _____ | |
| | Date of birth: _____ | | Number: _____ | |
| | Did he own a valid driver's license? _____ | | Expiration date: _____ | |
| | Issued by: _____ | | If yes, by whom? _____ | |
| | If driver other than insured, was he authorized? _____ | | | |
| | Did the driver consume alcohol before accident? _____ | | | |
| | If so, during which period of time, what kind and quantities? _____ | | | |
| | Was a blood test made? _____ | | If yes, Result: _____ | |
| Witnesses and Police | Names and addresses of Passengers in your car: _____ | | | |
| | Names and addresses of other witnesses: _____ | | | |
| | Was the accident/incident investigated by the police? Yes <input type="radio"/> No <input type="radio"/> | | | |
| | German Police _____ | | (agency, town) | |
| | Military Police _____ | | (agency, town) | |
| | Was anybody fined at the scene of the accident? Yes <input type="radio"/> No <input type="radio"/> | | | |
| | If so, who? _____ | | | |

Description of accident/incident (your vehicle No. 1)

Please draw diagram (showing positions of vehicles and persons concerned, their approximate distance, and the direction in which they were moving.)

Circumstances of accident

Speed of your vehicle at the time of the accident: _____ mph

Speed of the other vehicle involved: _____ mph

Weather conditions:
 clear rain fog snow
 Lightning: daylight dusk dark

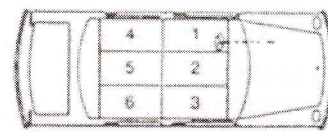
Road conditions:
 black top concrete cobbled
 Condition of pavement:
 dry slippery icy wet

Damage

your car

Please mark damage

other car



Extent of damage (for stolen parts state purchasing date, price and send original purchase bills):

Name(s) and address(es) of owner(s) of other car(s) involved:

Where can your car be inspected?

Kind of property (vehicles, fence, wall, guardrail) :

Estimate repair costs: _____ €

Please attach estimate in case of collision or comprehensive claim!

Please complete only in case of theft

Was the vehicle itself stolen? Yes No

How was the vehicle secured against theft?

windows closed steering lock blocked chain and lock

doors locked ignition key withdrawn or otherwise:

Were the stolen parts locked up (inside) or were they fastened to the car?

Yes, how? _____ No

Who parked the vehicle before the theft? _____

Where? _____ Day: _____ Time: _____

Persons injured

| Name | address | age | Were seat belts used? | | Indicate the seat (No. see above) | | |
|-------|---------|-------|-----------------------|-----------------------|-----------------------------------|-----------------------|-------------------------|
| | | | yes | No | Occupant of insured car | Occupant of other car | Pedestrian or bicyclist |
| _____ | _____ | _____ | <input type="radio"/> | <input type="radio"/> | _____ | _____ | _____ |
| _____ | _____ | _____ | <input type="radio"/> | <input type="radio"/> | _____ | _____ | _____ |
| _____ | _____ | _____ | <input type="radio"/> | <input type="radio"/> | _____ | _____ | _____ |

Nature and extent of injuries: _____

If medical was rendered, give name and place of hospital, doctor or dispensary: _____

These statements are true and made to the best of my knowledge. I know I shall lose my insurance coverage if these statements are not true and complete even if they do not cause any disadvantage to the insurer.

I herewith authorize the insurer to examine the investigation report of the Military Police.

Place and date _____

Signature of insured _____

Signature of driver _____