Koch, Schatz & Kollegen
RECHTSANWALTSKANZLEI

Accident Report Form

Your details about the road accident

Please complete this form on a computer, save it and email it back to us.
We are unfortunately unable to process forms filled in by hand.
Anything you do not know or do not have at hand right now, simply leave blank —
if we need something important, we will ask for it. Fields marked * are required.

1 Your details

Our file reference if you already have one

Surname *

First name *

Street and house number

Postcode

Town

Email

Phone

IBAN * for payment of the compensation

Are you entitled to deduct input VAT?

Yes No

What else you should send us

- Photos of the accident scene and of the damage to both vehicles
- Vehicle registration document part I (Zulassungsbescheinigung Teil I)
- Expert report or repair estimate, if you already have one
- If anyone was injured: medical certificate, sick note
- Invoices and receipts (towing, rental car, co-payments)

Rechtsanwaltskanzlei Koch, Schatz & Kollegen · Tulpenhofstr. 1 · 63067 Offenbach am Main
Telefon 069 / 999 99 33-10 · unfall@anwalt-offenbach.de

2 The accident

Were you driving yourself?

Yes No

If not: who was driving?

Date of accident * DD.MM.YYYY

Time approx.

Place of accident street, junction, town

What happened? in your own words

Did the police attend the accident?

Yes No

Police station

Police reference number

Witnesses name and address, if known

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3 Your vehicle

The vehicle you were involved in the accident with.

Type of vehicle car, motorcycle, truck …

Make and model

Registration number

Year of manufacture

Mileage (km)

4 The other party

Driver

Registered keeper if different

Type of vehicle

Make

Registration

Liability insurer

Policy number

Claim number

5 Your insurance

Comprehensive cover (Vollkasko)

Yes No

Policy number

Excess €

Partial cover (Teilkasko)

Yes No

Policy number

Excess €

Do you have legal expenses insurance?

Yes No

Name of the insurer

Policy number

Excess €

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6 Damage and injuries

Did your vehicle have previous damage?

Yes No

If yes: what kind?

Other damaged property glasses, phone, clothing, cargo …

Was anyone injured?

Yes No

If yes: what injuries?

Health insurer

7 Data protection

I consent to my data being processed in order to handle my accident claim. I have read the privacy notice at anwalt-offenbach.de/en/datenschutz.

Finished? Please save the form and email it to us as an attachment:
unfall@anwalt-offenbach.de

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