## Vehicle claim report form



1.	Time of the accident: yearmonthdayhoursminutes							
2.	Location of the accident:countrycity/townroad/streethouse number	3. Any police action taken? ☐ yes ☐ no Police station						
4.	Witnesses:							
	Name: (passenger, driver)	Home address:						
	Name: (passenger, driver)	Home address:						
5.	Registration (licence plate) number of vehicle reported	:Туре:						
6.	Vehicle identification number of vehicle reported:							
7.	Vehicle registration certificate number:	Period of validity:						
8.	Owner's name:	Name of operator/lessee:						
	Address:	Address:						
9.	Driver (for individuals authorised to drive parked vehic	cle) Name:						
	Phone:	Address:						
	Driving licence number:	Period of validity:						
10.	Other participants:							
	Registration (licence plate) number:	Type:Colour:						
	Registration (licence plate) number:	Type: Colour:						
11.	Any personal injury occurred? ☐ yes	□ no						
	Name: Address:	driver, passenger, pedestrian / light, severe, fatal						
	Name: Address: Address: Address:							
12.								
12.	Name: Address:	driver, passenger, pedestrian / light, severe, fatal						
	Name: Address:  Other objects damaged in the accident:   yes	driver, passenger, pedestrian / light, severe, fatal						
	Name: Address: Other objects damaged in the accident: Upes Description:	driver, passenger, pedestrian / light, severe, fatal						

15.	Statements:  Who do you think is responsible for the loss? □  Please settle the loss □ CASCO		other party ice based on my CASCO	□ both D insurance.
	I was under the influence of drugs, alcohol or medi	ication that adversely affect	s driving: □ yes	□ no
data I contra secre the se	are that the information provided on the causes of the loss, the py the Insurer competent for handling the claim, within the scontactual relationship as part of a lawfully outsourced insurance actives and on data processing. With my signature, I consent to its revice and the settlement of claims. I also consent to granting accountry's Office, using this personal data in connection with this claim.	ope of the contract, to its transferring vity, that complies with the stat utor making a photocopy of my docume tess to the Insurer competent for har	ng them to another bu siness way requirements on the confidenents and licences required for the andling the claim to records of the same of the claim to records of the same o	vith whom it has a tiality of insurance the assessment of the Police and the
Date	e:	earm	onthday	
	owner / operator / lessee		driver	

				ne ac	OIGC!							truck, bus passenger vehicle	Û Û	Vehicle A
+		+			_							motorcycle bicycle	<b>*</b>	km/l
												yield sign	$\nabla$	Vehicle
		+										main road	$\Diamond$	В
												lamp	0 0 0	km/
												one-way road	<b>A</b>	
		_					$\perp$	-						
   <b>7.</b> 	Los	ss de	escr	iptior	:	 			 		 			
7.	Los	ss de	escr	iptior	:	 			 	 	 	  		
   17. 	Los	ss de	escr	ptior	:	 			 		 	 		
17.	Los	ss de	escr	iptior	:	 			 		 	 		
17.	Los	ss de	escr	iptior	: 	 								
17.	Los	ss do	escr	iptior	:	 								
117.	Los	sss de		ptior	:	 								

18. Permission number request form, please fax to LeasePlan Hungária Zrt. before starting the repair:  $FAX:\ 236\text{-}36\text{-}93$ 

To be filled in by service shop:

o be filled iff by service sild	γρ.						
Registration (licence plate) number:		-					
Time of loss event:		-					
Date of arrival at the service shop:							
Expected delivery date:		-					
Expected repair costs:							
Name of service shop:							
Address:							
Phone:		-					
Fax:							
Date:	Signature:						
Field reserved for LeasePlan Hungaria Zrt.							
Permit number*	Deductible: %, but no less than: HUF						
Comments:		.					
	Date:Signature:	.					

<sup>\*</sup>The permit number must always be requested by the repairer before the start of the repair, otherwise LeasePlan Hungaria Zrt. is under no obligation to pay. Please always indicate the permit number on the invoice. Invoices that are not clearly identifiable will be returned. The permit number is valid for 3 months from the date of issue. After that, the invoice will only be accepted after prior consultation.