DP WORLD

DAMAGE REPORT FORM

INTERNAL CLAIMS NUMBER

DATE AND PLACE OF ACCIDENT

Date | Time | Location of accident (postcode, town, street)

( ) Motorway ( ) Company site ( ) Main road ( ) Multi-storey car park/underground car park ( ) Car park ( ) Town

DATE/PLACE OF ACCIDENT

Official registration number	
Manufacturer	
Model	
Mileage	
Date of first registration of vehicle	

OTHER PARTY INVOLVED IN THE ACCIDENT

Official registration number	
Manufacturer	
Damage	

DRIVER AT TIME OF ACCIDENT

Company	
Surname	
First name	
Street / house number	
Postcode	
Town	
Phone number	
Mobile phone number	
Driving licence class	
Issuing authority	
Issue date	
Unfit for work	( ) Yes ( ) No
Reason for journey	( ) Business ( ) Private
Start of work on day of accident	

DRIVER AT TIME OF ACCIDENT (if different from policy holder)

Company	
Surname	
First name	
Street / house number	
Postcode	
Town	
Phone number	

POLICY HOLDER

Surname	
First name	
Street / house number	
Postcode	
Town	
Phone number	
Third-party liability insurance	
Policy number	

REGISTRATION BY POLICE

( ) Yes ( ) No

Police station	
Name of the officer	
Incident number	

Own	**Other party**
Caution subject to charges	Caution subject to charges
( ) Yes ( ) No	( ) Yes ( ) No
Blood sample	Blood sample
( ) Yes ( ) No	( ) Yes ( ) No

WITNESS

( ) Yes ( ) No

Surname	
First name	
Street / house number	
Postcode	
Town	
Phone number	
Function (passer-by, passenger etc.)	

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PERSONAL INJURIES

○ Yes ○ No

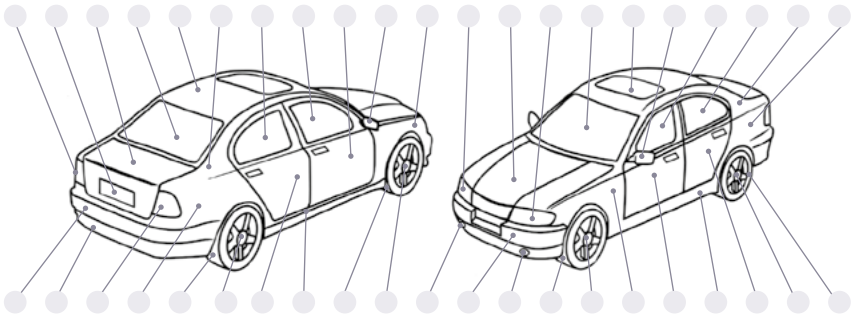
Surname		Age	
First name		Marital status	
Street / house number		Profession	
Postcode		Injury	
Town			
Phone number		Hospital treatment	○ Yes ○ No

MATERIAL DAMAGE

○ Yes ○ No

Owner		Town	
Contact partner		Phone numbe	
Street / house number		Damage that occurred	
Postcode			

DAMAGE TO OWN VEHICLE



Please mark with a cross

○ No damage

○ Front complete
○ Rear complete
○ Left side complete
○ Right side complete
○ Front left
○ Front right
○ Rear left
○ Rear right
○ All round
○ Front axle
○ Rear axle
○ Underbody
○ Exhaust system
○ Cooling system
○ Engine / gearbox
○ Cable damage
○ Vehicle electronics
○ Satnav / radio
○ Airbag
○ Interior seats
○ Interior doors
○ Interior dashboard

PERSON RESPONSIBLE FOR THE DAMAGE

○ Yourself
○ Yourself, only damage to own vehicle
○ Yourself, no damage to own vehicle
○ Other party
○ Joint responsibility
○ Third person (pedestrian, cyclist)
○ Unavoidable event
○ Other party not known
○ Not clear

PERSON RESPONSIBLE FOR THE DAMAGE

○ Turning off / doing a U-turn
○ Breakdown
○ Fire damage
○ Break-in / theft
○ Parking move – own fault
○ Parking move – other person's fault
○ Electronics
○ Filling wrong type of fuel
○ Glass breakage
○ Hail damage
○ Collision of vehicle / bicycle
○ Collision of car / car
○ Collision of car / motorcycle
○ Collision of car / person
○ Collision with fixed item
○ Collision with animal
○ Marten damage with secondary damage
○ Marten damage without secondary damage
○ Engine
○ Personal injury self / own passenger
○ Tyres
○ Red light / stop light
○ Damage during loading/unloading
○ Stone impact (paint)
○ Storm damage
○ Complete theft
○ Ran over / items hurled upwards
○ Overtaking manoeuvre / lane change
○ Vandalism
○ Came off the road
○ Reversing / manoeuvring
○ Other cause
○ Cause unknown

DP WORLD

DAMAGE REPORT FORM

CIRCUMSTANCES OF DAMAGE (possible to tick several boxes)

- ○ Vehicle being parked
- ○ I was leaving a parking space
- ○ I was driving into a parking space
- ○ I was entering a roundabout
- ○ I was driving round a roundabout
- ○ I bumped into another vehicle
- ○ I was driving in the same direction, but in a different lane to the other party
- ○ I was changing lane
- ○ I was overtaking
- ○ I was turning right
- ○ I was turning left
- ○ I was reversing
- ○ I was driving on the opposite lane
- ○ I was coming from the right
- ○ I did not give way
- ○ I was stationary / had stopped
- ○ I ran over / hurled items upwards
- ○ I was doing a U-turn
- ○ Slight contact / scratch damage
- ○ Parking damage, person causing damage unknown
- ○ The other vehicle was parking
- ○ The other party was leaving a parking space
- ○ The other party was entering a parking space
- ○ The other party was entering a roundabout
- ○ The other party was driving round a roundabout
- ○ The other party drove into my vehicle
- ○ The other party was changing lane
- ○ The other party was overtaking
- ○ The other party was turning right
- ○ The other party was turning left
- ○ The other party was reversing
- ○ The other party was driving on the opposite lane
- ○ The other party was coming from the right
- ○ The other party ignored the priority rule
- ○ The other party was stationary / had stopped
- ○ The other party ran over / hurled items upwards
- ○ The other party was doing a U-turn
- ○ A marten bite
- ○ Icy road
- ○ Aquaplaning

DESCRIPTION OF THE DAMAGE

Text

Sketch

If a sketch or other additional aids are necessary to better describe the damage situation, please send them with this form or a separate sheet of paper by fax, e-mail or by post to DP World Fleet Management!

You can only make an insurance claim if you describe all the circumstances truthfully to the insurance company and correctly answer all the questions (cf. Section 7 of the General Terms and Conditions for Vehicle Insurance. If you deliberately do not provide all the details or make any false statements, you risk losing your insurance cover, even if this does not cause any disadvantages to the insurance company.

Please do not sign any declarations of assignment or admissions of guilt or claims and contact DP World Europe Fleet Management immediately if any damage occurs.

Date, place

Signature