

VOLKSWAGEN FINANCIAL SERVICES

BANK. LEASING. INSURANCE. MOBILITY.*

Notes on the handling of vehicle damages with comprehensive and liability coverage

▶ After a traffic accident, please bear in mind the following

- ▶ Stop immediately
- ▶ Secure the accident site (in the case of minor damage, pull over to the side)
- ▶ Ascertain the consequences of the accident
- ▶ Help injured persons

(legal requirements acc. § 34 StVO
[German Road Traffic Act])

- ▶ Take photographs of the accident site, if possible, and note down the details of the other party involved and the names and addresses of witnesses.
- ▶ Take your vehicle immediately to an authorised brand repair shop and report all accidents or other events, such as theft, glass breakage, storm and game damage, in which your vehicle was involved.
- ▶ Together with your brand repair shop, we will advise you whether due to the foreseeable damage level a repair or premature replacement of the damaged vehicle is more favourable for you.
- ▶ If the damaged vehicle is to be repaired, please give the repair order to the repair shop.
- ▶ After your vehicle has been repaired, Volkswagen Leasing GmbH disburses the vehicle-related costs (repair costs, expert costs, towing costs and rental car costs) and processes them for you. Damages incurred by a third party are handled by the respective insurer.

▶ Contact data for Volkswagen Leasing GmbH in the event of damage

Tel: 0800 212-9920
24 hours a day, 365 days a year when calling from Germany or Europe
For international calls: 0049 531 212-9920
Email: kaskoschutz-schaden@vwfs.com

- ▶ **Call us – we'll be happy to assist you.**

Note: We recommend that you print a copy for your records.

Volkswagen Leasing GmbH - 38094 Braunschweig

* Under the mutual business name „Volkswagen Financial Services“, the subsidiaries of Volkswagen Financial Services AG render banking services (through Volkswagen Bank GmbH), leasing services (through Volkswagen Leasing GmbH), insurance services (through Volkswagen Versicherung AG, Volkswagen Autoversicherung AG) and mobility services (through Volkswagen Leasing GmbH amongst others). Insurance products of other providers are also arranged.

Damage Notice for Leasing Vehicles

Address and telephone of the lessee

Volkswagen Leasing GmbH
38094 Braunschweig
Telephone 0800 212-9920
Fax 0531 212-77791
Email: kaskoschutz-schaden@vwfs.com

Damage report

- Accident Glass break
 Theft Other

Optional

- Business trip
 Non-business trip

Leased vehicle data

Vehicle registration number	Leasing contract number	Initial registration	Vehicle mileage
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Driver data

Name, address, date of birth of the driver	Issuer of driver's licence	Class	Date of issue
Was the driver's licence confiscated by the authorities as a result of this accident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the driver have your permission to use the vehicle? What is your relationship to the driver?		Alcohol/drug test	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date and place of damage

Police record

Date	Time	Postcode (of location of damage)	Specify the police station which recorded the accident
Location of damage/Street		Reference number	Who was warned subject to payment of a fine?

Accident witnesses

Name, address, telephone (underline the names of those individuals who were passengers in the leased vehicle)

Damage to the leased vehicle

What parts are damaged/stolen? – Approx. cost of damage.	Where is the leased vehicle now (repair shop)?
Particulars of the appraisal expert notified	Particulars of the company commissioned to tow the accident-damaged leased vehicle

Please note: You are obliged to report any theft, fire damage or damage caused by game as well as wilful or malicious acts to the responsible police authority

Report detailing how the accident happened, including a sketch. (Please draw the relevant lines clearly. If you need more space, please add as an attachment.)

	Who caused the accident? <input type="checkbox"/> You/The driver of your vehicle <input type="checkbox"/> A third party
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Particulars of the other party involved in the accident

Owner: Name, address, telephone	Vehicle registration number
Driver: Name, address, telephone	Model
Vehicle damage – Approx. cost of damage	Initial registration
Insurance	Insurance policy no.:
I herewith consent to the settlement of the claims put forward by the other party involved in the accident <input type="checkbox"/> Yes <input type="checkbox"/> No	