



**Fax- Loss- Report – Fax: 0221- 148 2 54 97/ 2 02 00**

Address:  <b>AXA VERSICHERUNG AG</b> <b>Zweigniederlassung Köln</b> <b>Wiener Platz 3</b>  <b>D- 51065 Köln</b> Email to: 4.kh@axa.de		Sender:          via <b>CULPECK INSURANCE BROKER GmbH</b> <b>Agency No. 52 48 00 01 074</b>	
<b>Type of loss:</b> <input type="checkbox"/> <b>third party liability claim</b> <input type="checkbox"/> <b>fully comprehensive claim</b> <input type="checkbox"/> <b>fire + theft / partial insurance</b>			
<b>Policy-no.:</b>		<b>Claim-no.:</b>	
Date of loss	Time	Location of accident	
<b>Own Vehicle damage</b>		<b>Third party liability claim</b>	
Name Ins'd		Name TP	
		Mailing-address	
Tel. during working hours	Fax.	Tel.	Fax.
Driver of the vehicle	Licence no./Group	Bodily injuries (Nature of injuries)	<input type="checkbox"/> yes <input type="checkbox"/> no Number of injured persons
Alcohol test taken from driver	<input type="checkbox"/> yes <input type="checkbox"/> no		
Make & Model	First reg. date	Make & Model	First reg. date
Licence plate no.		Licence plate no.	
Approx.costs of repair	Miles/KM	Approx.costs of repair	Miles/KM
vehicle driveable	<input type="checkbox"/> yes <input type="checkbox"/> no	vehicle driveable	<input type="checkbox"/> yes <input type="checkbox"/> no
vehicle can be inspected at		vehicle can be inspected at	
Street name		Street name	
Town/Postcode		Town/Postcode	
Tel.	Fax	Tel.	Fax
Repair shop requires guarantee of payment	<input type="checkbox"/> yes <input type="checkbox"/> no	Repair shop requires guarantee of payment	<input type="checkbox"/> yes <input type="checkbox"/> no
Tax waiver possible	<input type="checkbox"/> yes <input type="checkbox"/> no	Tax waiver possible	<input type="checkbox"/> yes <input type="checkbox"/> no
Leasing- vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	Leasing- vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no
Bank Ins'd Acct. no	Sorting code	Bank TP (Owner) Acct. no	Sorting code
Witnesses	<input type="checkbox"/> yes <input type="checkbox"/> no	Insured with	
Mailing address		Fully comprehensive	
Accident reported to the police	<input type="checkbox"/> yes <input type="checkbox"/> no	Police station	ref. no.
Description of accident			
Do you accept liability? <input type="checkbox"/> yes <input type="checkbox"/> no			

Signature Agency
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INS'D (if reported personally)
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