

► Please be aware that repair orders can only be released by the insurance company or AMAG Leasing.
Please return the completed damage report to AMAG Leasing within 5 days after receipt.

Damage information to:
amagleasing@tcs.ch
Tel. 0848 567 567
Fax 058 827 50 10

Please send the damage report to:
Touring Club Schweiz
Schadenmanagement AMAG Leasing
Bahnhofstrasse 5
3322 Urtenen-Schönbühl

File-No. _____
Date of incident _____
Time of incident _____

Location of incident (full address) _____
Polizei Yes No **Police report-No:** _____
Who has caused the accident? _____

Lessor (Insuree)

Name _____
Address _____
ZIP/City _____
Phone no. _____

Driver

Name _____
Address _____
ZIP/City _____
Phone no. _____
Date of birth _____
Driving licence No. _____
Category _____

Insurance Company

Name _____
Agency _____
Policy no. _____

Car information

Plate No. _____
Type of vehicle _____
Brand/model _____
Vehicle identification number _____
Mileage _____

Where should the vehicle be repaired?

Garage _____
Address _____
ZIP/City _____
Phone _____
Contact _____

Vehicle-accident opponent (Insuree)

Name _____
Address _____
ZIP/City _____
Phone no. _____

Driver

Name _____
Address _____
ZIP/City _____
Phone no. _____
Date of birth _____
Driving licence No. _____
Category _____

Insurance Company

Name _____
Agency _____
Policy no. _____

Car information

Plate No. _____
Type of vehicle _____
Brand/model _____
Vehicle identification number _____
Mileage _____

Where should the vehicle be repaired?

Garage _____
Address _____
ZIP/City _____
Phone _____
Contact _____

Do you need a replacement car during the repair?

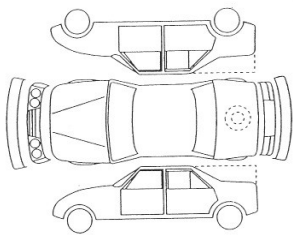
Yes No

Please note that the replacement car will be organised and invoiced by the claims management department.

Remarks

Precise course of accident / damage (Please describe, even though the police has issued a report)

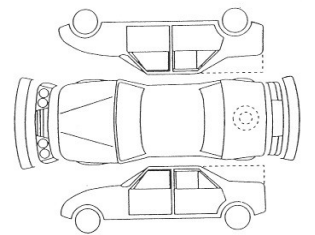
A) Lessor



Please mark point of collision with an arrow at the car

Accident outline

B) Opponent



Please mark point of collision with an arrow at the car

Passenger and witness

Passenger Witness

Name

Address

ZIP/City

Phone no.

Passenger and witness

Passenger Witness

Name

Address

ZIP/City

Phone no.

Injured or killed people

(for third-party liability and / or accident insurance)

Injury Killing

Name

Address

ZIP/City

Phone no.

Civil status:

Date of birth

Employer

Procuration

The signatory authorises the company to obtain from other insurers or third parties information concerning the claim and to inspect official and judicial files relating to the claim.

In addition, the signatory authorizes the doctors and third parties requested by the company to provide the company or its medical service with all requested information related to the claim.

The signatory agrees that the company may, to the extent necessary, transmit data resulting from the claim to other insurers, namely to co-insurers and reinsurers at home and abroad.

Place and date

Drivers signature

Place and date

Drivers signature
