

Reclaim form



► **Please note: payment only, if form completely filled out.**
Thank you.

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Fleetmanagement
Alte Steinhäuserstrasse 12
6330 Cham

***Important**

For Driver/Lessee

Contract No. _____

Licence plate _____

Km status _____

***Reason for payment**

Card not received yet

Card not accepted

Card not working

Others (please note a reason)

Card lost

Number of receipts _____

(*payment only possible with original receipts)

Total amount in CHF _____

*Payment for

Surname/Name _____

Adress _____

Place _____

Phone private _____

Phone business _____

*Bank or post account

IBAN No. _____

BC No. _____

Bank account No. _____

Bank name/place _____

Post account No. _____

Bank and post accounts have to correspond with above mentioned address.
If possible, please attach a pay in slip.

Driver's signature

Company's signature and stamp (responsible persone/Fleetmanager)

Place/Date

Place/Date