

Accident report

Racecar-Insurance

To be sent within 48 hrs. to: FAX 0049 7641-93307-10

E-mail: start@rennkasko.de

BAUER AG Versicherungsmakler

Im Hausgrün 7, D -79312 Emmendingen



Policy-No:		Place of accident:	
Testing <input type="checkbox"/>	Race <input type="checkbox"/>	Date:	Time:
Policyholder:		Driver:	
Name:		Name:	
Street:		Street:	
City:		City:	
Tel :		Tel :	
Mobile:		Mobile:	
Fax:		Fax:	
Details of car:			
Car:.....VIN:			
Please state the details / dynamics of the accident as detailed as possible:			
Have there been any collisions with the insured car during the race and prior to the accident?:			
<input type="checkbox"/> No <input type="checkbox"/> Yes, how many:			
Who is responsible for the accident?			
Driver insured <input type="checkbox"/>		Other driver:	
Where and when may we survey the car?			
Adress:			
Approx. amount of loss or damage in <input type="checkbox"/> EUR <input type="checkbox"/> USD?			
Which parts are subject to loss or damage?			

I hereby state that all declarations are complete and true. In case of false or incomplete declarations coverage may be nil and void!	
Date:	Policyholders signature:
Date:	Drivers signature:
Date:	Organising committees signature:

Claims will be paid within 21 days after having received the loss adjusters report and relevant documents, provided that it is proved that all costs claimed for have been spent for the reconstruction of the car insured.