

VOLKSWAGEN

GROUP SERVICES

VOLKSWAGEN GROUP SERVICES GMBH
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UNSERE ZEICHEN
TELEFON
TELEFAX
E-MAIL

Accident questionnaire

Surname, Forename:

Policy number:

Date of accident:

1. Case of damage

Accident at work or at a second job

Accident on the way to work or a second job

Accident in an agricultural or forestry enterprise

Accident at renovation work

Accident during a performance of the statutory long-term care

Accident on the way to the unemployment office or an educational institution

Activity as part of a volunteer firefigther

Accident at or on the way to the military service or community service

Name and address of the employer:

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VORSITZENDER DES AUFSICHTSRATS
LOREM IPSUM

GESCHÄFTSFÜHRUNG
SEBASTIAN KRAPOTH (SPRECHER)
JÜRGEN KLÖPFFER

COMMERZBANK WOLFSBURG
BLZ: 269 410 53
KONTO-NR.: 6 808 455 00
BIC (SWIFT) CODE: COBADEFF269
IBAN: DE97 2694 1053 0680 8455 00

SITZ DER GESELLSCHAFT: WOLFSBURG
AMTSGERICHT BRAUNSCHWEIG:
HRB 100516
STEUER-NR.: 19/200/00019
UST.IDENT.-NR.: DE214502654

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Accident at home

Traffic accident

Sporting accident

Accident by animals

Accident caused by the weather

Brawl / attacked

Faulty product

Medical malpractice

Other accident cause:

2. When and where the accident happened?

Address:

Date of the accident:

Time of accident:

3. Was the accident caused by a third party?

Yes

Name:

No

Address:

4. Description of the accident