

Accident notification form without third party

Date and time of the claim: _____
Place: _____
License plate: _____
Company: _____
Name and surname: _____
Address: _____
Driving licence number: _____
Phone number : _____
E-mail: _____
Damages: _____

Description: _____



**To be attached to this accident report:
The dealer quote and pictures of the damages**



Dealer name: _____
Contact person: _____
Appointment date: _____
Replacement car needed: Yes No

Date: _____ Signature: _____

To be sent within 24 hours after the claim: operations@vwfs.lu
Contact persons: Miguel Maia 40 33 33 - 5269 – Jessica Maquet 40 33 33 - 5370