

AUTOZUG SYLT DAMAGE REPORT

Personal data

Company (optional)		
First name	Surname	
Street and house number		
Country	ZIP CODE	City
Telephone	Mail	
IBAN	BIC	
Different account holder		

Details of the ride

Date	Direction <input type="checkbox"/> from Niebüll to Westerland/Sylt <input type="checkbox"/> from Westerland/Sylt to Niebüll	Loading deadline/departure time
Transportation <input type="checkbox"/> in the direction of travel <input type="checkbox"/> against direction of travel	<input type="checkbox"/> lashed <input type="checkbox"/> not lashed	
<input type="checkbox"/> Ticket enclosed as a copy	Ticket no.	Train no.
		Tariff level

Details of the vehicle

Type	Brand	Year built	License plate	Mileage	Color	Car holder
<input type="checkbox"/> Car <input type="checkbox"/> Car plus trailer <input type="checkbox"/> Transporter <input type="checkbox"/> Truck <input type="checkbox"/> Caravan						

Origin of the damage

Accident location <input type="checkbox"/> on the terminal <input type="checkbox"/> during unstrapping	<input type="checkbox"/> during loading <input type="checkbox"/> during unloading	<input type="checkbox"/> during lashing <input type="checkbox"/> Other	<input type="checkbox"/> during the journey
Time	Opponent of the accident (name, license plate number if applicable)	Witness (name)	

Description of damage

Damage report

Photos attached (mandatory)

Extent of the damage

Amount in Euro

Proof enclosed: Cost estimate Invoice Other

Comments

Please send the completed form with all supporting documents to:

kundencenter-westerland@autozug-sylt.de or by post to: RDC AUTOZUG Sylt GmbH, Kundencenter Westerland, Industrieweg 16, 25980 Sylt