

# Damage & accident report form



Please email this form – along with any accident records, police reports and photos – to [schaden@clyde.ch](mailto:schaden@clyde.ch) within **2 working days**. Note that this claim form is not a replacement for the European Accident Statement form, which you must also complete. For further information, see our current [GTCs](#).

## Your contact details

First name, surname

Email

Number plate

## Accident details

### When did it happen?

Date, time

### Was anyone injured?

Yes  No

### What happened?

### Where did it happen?

Street, address

Postcode, town/city, country

Brief description

### Was anyone else involved in the accident?

Yes, other party known  Yes, other party **not** known  No

### If known: details of other party

First name, surname

Phone number

Number plate

Street, address

Email

Insurance

Postcode, town/city, country

Vehicle details (Brand, model)

### Whose fault was the accident?

Clyde customer (me)  
 Third party  
 Unclear

### Were the police called?

Yes  No

### If yes: which police station?

Police station, postcode, town/city

## State of vehicle

### What is the damage to the Clyde vehicle?

Brief description

### Is the vehicle drivable?

Yes  No

### Which roadside assistance service was contacted?

Roadside assistance

### Where is the vehicle now?

Street, police station, postcode, town/city