Report of "Special Incidents in the Field" (BViF)

EvoBus

Please complete duly and send to EvoBus Customer Service!

Fax: +49 711-17-79031519 or

Email: mx-bvif-evobus@daimlertruck.com

Damage details:

Date of incident: _____ Personal injuries? yes ■ no ☐ Third-party claims? yes ☐ no ☐

Country damage was sustained: _____ Media informed? yes ☐ no ☐

Place damage was sustained: _____ Official investigation? yes ☐ no ☐

Extent of damage: Minor ☐ Medium ☐ Major ☐ Total loss ☐

Are there any indications of potential SCE relevance as per Appendix 2? yes ☐ no ☐

If yes - Indication of the relevant number as per Appendix 2: _____

Owner:

Name: _____ Insurer/adjuster: _____

Address: _____ Insurer informed? yes ☐ no ☐ _____

_____ Adjuster contracted? yes ☐ no ☐ _____

Vehicle data:

FIN/VIN: _____ Initial registration: _____ Mileage: _____

Description of damage / Circumstances of the accident:

(How did the incident happen? What has been initiated to date?)

Location of the vehicle (address, contact person, phone number): _____

_____

Sender:

Company: _____ Contact person: _____

Address: _____ Telephone: _____

_____ Fax/email: _____

Date: _____ Signature: _____

(not required for email transmission)