

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
.....	Country:	no <input type="checkbox"/> yes <input type="checkbox"/>

4. Material damage

other than to vehicles A and B | objects other than vehicles

no yes | no yes

5. Witnesses: names, addresses, tel.:

.....

.....

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME:

First name:

Address:

Postal code: **Country:**

Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
.....	
Registration N°	Registration N°
.....
Country of registration	Country of registration
.....

8. Insurance company (see insurance certificate)

NAME:

Policy N°:

Green Card N°:

Insurance Certificate or Green Card valid from: **to:**

Agency (or bureau, or broker):

NAME:

Address:

..... **Country:**

Tel. or E-mail:

Does the policy cover material damage to the vehicle? no yes

9. Driver (see driving licence)

NAME:

First name:

Date of birth:

Address:

..... **Country:**

Tel. or E-mail:

Driving licence n°:

Category (A, B, ...):

Driving licence valid until:

12. CIRCUMSTANCES

▼ Put a cross in each of the relevant boxes to help explain the drawing ▼

** delete where appropriate*

A	<input type="checkbox"/> 1 * parked/stopped	B	<input type="checkbox"/> 1
	<input type="checkbox"/> 2 * leaving a parking place/ opening the door		<input type="checkbox"/> 2
	<input type="checkbox"/> 3 entering a parking place		<input type="checkbox"/> 3
	<input type="checkbox"/> 4 emerging from a car park, from private ground, from a track		<input type="checkbox"/> 4
	<input type="checkbox"/> 5 entering a car park, private ground, a track		<input type="checkbox"/> 5
	<input type="checkbox"/> 6 entering a roundabout		<input type="checkbox"/> 6
	<input type="checkbox"/> 7 circulating a roundabout		<input type="checkbox"/> 7
	<input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane		<input type="checkbox"/> 8
	<input type="checkbox"/> 9 going in the same direction but in a different lane		<input type="checkbox"/> 9
	<input type="checkbox"/> 10 changing lanes		<input type="checkbox"/> 10
	<input type="checkbox"/> 11 overtaking		<input type="checkbox"/> 11
	<input type="checkbox"/> 12 turning to the right		<input type="checkbox"/> 12
	<input type="checkbox"/> 13 turning to the left		<input type="checkbox"/> 13
	<input type="checkbox"/> 14 reversing		<input type="checkbox"/> 14
	<input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction		<input type="checkbox"/> 15
	<input type="checkbox"/> 16 coming from the right (at road junctions)		<input type="checkbox"/> 16
	<input type="checkbox"/> 17 had not observed a right of way sign or a red light		<input type="checkbox"/> 17
	<input type="checkbox"/> ◀ state number of boxes marked with a cross ▶ <input type="checkbox"/>		<input type="checkbox"/>

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME:

First name:

Address:

Postal code: **Country:**

Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
.....	
Registration N°	Registration N°
.....
Country of registration	Country of registration
.....

8. Insurance company (see insurance certificate)

NAME:

Policy N°:

Green Card N°:

Insurance Certificate or Green Card valid from: **to:**

Agency (or bureau, or broker):

NAME:

Address:

..... **Country:**

Tel. or E-mail:

Does the policy cover material damage to the vehicle? no yes

9. Driver (see driving licence)

NAME:

First name:

Date of birth:

Address:

..... **Country:**

Tel. or E-mail:

Driving licence n°:

Category (A, B, ...):

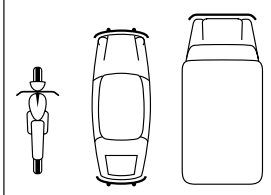
Driving licence valid until:

Must be signed by BOTH drivers
Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims

13. Sketch of accident when impact occurred **13.**

Indicate : 1. the layout of the road - 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

.....

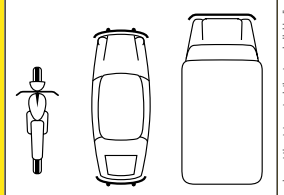
.....

14. My remarks:

.....

.....

10. Indicate the point of initial impact to vehicle B by an arrow →



11. Visible damage to vehicle B:

.....

.....

14. My remarks:

.....

.....

15. Signatures of the drivers **15.**

A

B

The data provided on this form will be used to process the accident claim and supplement the statement relation to an individual's claims report issued by the insurer to the policyholder at the end of the contract (see Article 14 of the Bupol Domes on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholder's new insurer at the policyholder's request to add to and enable the verification of the information provided by the policyholder. The data may then be requested by the insurer (special 156) file of the Economic Interest Grouping (EIG) (Dabassor) to enable a proper risk analysis and control insurance fraud. Upon providing proof of their identity, agencies may consult and/or modify their personal data by contacting their insurer or, depending on the case in question, Dabassor. In any case, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Dabassor, service des clients (Rue de Beelders, 20 Square de Meir, B-1000 Brussels).