

ACCIDENT STATEMENT

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 <input type="checkbox"/> yes <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

5. Witnesses: names, addresses, tel.:

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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"/> 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"/>	

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, ...):

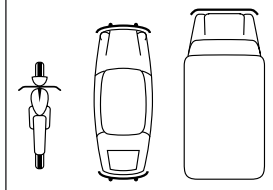
Driving licence valid until:

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:

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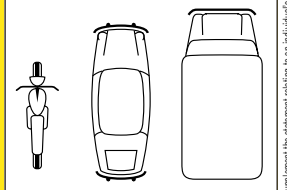
.....

14. My remarks:

.....

.....

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



11. Visible damage to vehicle B:

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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 submitted by an individual's claims report issued by the insurer to the policyholder. The data may then be requested by the policyholder. A copy of this statement will be sent to the policyholder's new insurer at the request of the policyholder. The data may also be requested by the insurer of the Economic Interest Grouping (EIG) (Gedrukt) to enable a proper risk analysis and control insurance fraud. Upon providing prior of their identity, approaching consultant and/or notify their personal data by contacting their insurer or, depending on the case in question, Gedrukt. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Gedrukt, service des factures client de Gedrukt, 20 Square de Meirha, B-1000 Brussels.