

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident

Time

2. Locality:

Place:

Country:

3. Injury(es) even if slight

no ☐ yes ☐

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

Make, type

Registration N°

Country of registration

TRAILER

Registration N°

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

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ ◀

* parked/stopped

* leaving a parking place/ opening the door

entering a parking place

emerging from a car park, from private ground, from a track

entering a car park, private ground, a track

entering a roundabout

circulating a roundabout

striking the rear of the other vehicle while going in the same direction and in the same lane

going in the same direction but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane reserved for circulation in the opposite direction

coming from the right (at road junctions)

had not observed a right of way sign or a red light

state number of boxes marked with a cross ▶

B

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ ▶

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

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME:

First name:

Address:

Postal code: Country:

Tel. or E-mail:

7. Vehicle

MOTOR

Make, type

Registration N°

Country of registration

TRAILER

Registration N°

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:

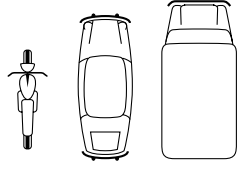
Tel. or E-mail:

Driving licence n°:

Category (A, B, ...):

Driving licence valid until:

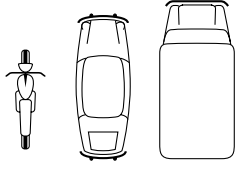
10. Indicate the point of initial impact to vehicle A by an arrow →



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 relating to an individual's claims record issued by the insurer to the policyholder at the end of the contract (see per Article 16 of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholder's new insurer, at the latter's request, to add to and enable the verification of the information provided by the policyholder. The data may then be registered in the RCSI (special rcsi) file of the Economic Interest Grouping (EIG) Datasur to enable a proper risk analysis and combat insurance fraud. Upon providing proof of their identity, anyone may consult and/or rectify their personal data by contacting their insurer or, depending on the case in question, Datasur. 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 Datasur, service de l'acheteur/Client Betaniden, 29 Square de Meir, B-1000 Brussels.