ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
		Country:		no ☐ yes ☐

4. Material damage				5. Witnesses: names, addresses, tel.:
other than to vehicles A and B		objects other than vehicles		
no ☐	yes ☐	no ☐	yes ☐	

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: insurance@avov-services.be
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

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

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

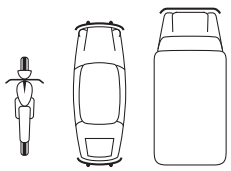
8. Insurance company (see insurance certificate)

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: .....

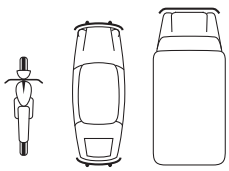
10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

.....
.....
.....

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

14. My remarks:

.....
.....
.....

DECLARATION

to be completed by the insured
and sent immediately to his insurer

• **REPORTING AUTHORITY** Has an official report been drawn up ? By whom ? Number of official report (if any) Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs ? Has the driver of your vehicle refused a blood test for alcoholism or drugs ? The documents issued by the authorities having made a report, have to be sent to your insurer.	no ☐ yes ☐ .... no ☐ yes ☐ no ☐ yes ☐
• **YOUR VEHICLE :** Chassis n° Cylinder or power Nature of use at the time of the accident Date and colour of last certificate issued by the technical control	.... private - business - professional * .....
• **REPAIRER :** name and address : **Immobilized vehicle**	.... no ☐ yes ☐
• **THE TRAILER OF YOUR VEHICLE** Make and type Chassis n° Maximum authorized weight (tare and load)	 ....
• **DRIVER OF YOUR VEHICLE** Is he the regular driver ? In what capacity was he driving ? **His birthday ?**	no ☐ yes ☐ authorized driver - owner - relative - friend - garage keeper * .....
• **V.A.T.** What is the professional activity of the owner of the vehicle ? What is his V.A.T. immatriculation n° ? Is he authorized to deduct the V.A.T. regarding the damaged good ? In the affirmative case	 .... no ☐ yes ☐ completely - partly * ..... %

OTHER INFORMATION (IF ANY)

Any fraud or attempted fraud perpetrated against the insurance company shall be prosecuted under Article 496 of the Penal Code.

• **THE INJURED** (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

In your vehicle :

.....
.....
.....

In the vehicle of the T.P. :

.....
.....

Outside any vehicle :

.....
.....

• **OTHER MATERIAL DAMAGE** than to vehicles A and B (nature and extent)

.....
.....
.....

Names and addresses of the injured : .....
.....

• **RESPONSIBILITY :** who is, in your opinion, responsible for the accident and why ?

.....
.....

• **INSURANCES ON YOUR VEHICLE :**

T.P. LIABILITY	MATERIAL DAMAGE	FIRE	THEFT	LEGAL PROTECTION	PASSENGERS
Ins. Co, name	Name	Name	Name	Name	Name
Policy n°	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°

• **DO YOU STILL POSSESS ANOTHER REPORT FORM ?** no ☐ yes ☐ Made at ..... on ..... 20.....

• WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?

Beneficiary's account (IBAN)

Beneficiary's BIC

Signature

* Delete where appropriate !