NOTIFICATION OF AN ACCIDENT WITH A THIRD PARTY
If you suffered damage for which a third party can be held liable, fill in Section A.
However, if you caused damage to a third party, please complete part B.
Do not use this declaration to declare an accident between two motor vehicles. In this case please use the European Accident Statement.

GENERAL DATA
Your name:
Address:
Phone nr:
Account number:

CLAIM
Damage Date:
Place laccident/claim:

Was drawn up an police report?
PRnr:
Prepared by police zone:
tel:

Any witnesses?
Name:
Address:
Phone nr:

PART A: YOU HAVE SUFFERED DAMAGE TO WHICH ONE PARTY MAY BE LIABLE What happened exactly?

What damage have you suffered?
Damage to property: (if damage to a motor vehicle, also provide make, model and license)

Physical damage: (please in that case to fill medical certificate by the attending physician)

Who can be held responsible?
Name:
Address:
Phone nr:
If the counterparty was driving a motor vehicle:
Brand and type:
licenseplate:
Appropriate insurance company and policy no:

Date:
Signature:

PART B: YOU CAUSED DAMAGE TO A THIRD PARTY
What happened exactly?

What damage have you caused?
Damage to property: (if damage to a motor vehicle, also provide make, model and license)

Physical damage:

Data from the party who has suffered damage
Name:
Address:
Phone nr:
Appropriate insurance plan and policy no:

Date:
Signature:

