

ADDITIONAL INFORMATION

to be filled out by the insured and returned, immediately, to his insurer

* **Policyholder's :**

Policyholder's name :

What is the policyholder's profession ?

Is the policyholder able to recover VAT on the vehicle ? YES Percentage NO

Indicate the policyholder's bank account (to which any compensation amounts may be paid to the policyholder)

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* **Describe the accident :**

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.....

.....

Did this accident occur at work / on the way to work ? YES NO

* **Responsibility**

Who is responsible in your opinion ?
(check the appropriate box)

- you, respectively the driver of the vehicle :

- the other party :

- shared responsibility :

* **Will your vehicle be available for a damage assessment ?**

when ?

where ? Tel.:

Address :

.....

* **Information on the driver of the insured vehicle :**

Driver's date of birth : Date of the first issuance of the driver's license :

* **Other comments** (check the appropriate boxes)

Were the police at the site ? YES NO

If so, was a report prepared ? YES NO

If so, by what police station ?

If possible, state the name(s) of the officer(s) who recorded the accident :

Did the driver take a blood test or another test to measure alcohol levels ? YES NO

* **Was anyone injured** (state the full name, address and telephone number of those injured and, if possible, the nature of the wounds) ?

- in your vehicle :

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- in the third party's vehicle :

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- outside these vehicles :

* **Were there any material damages other than to vehicles A and B ?** (state the nature and degree of these damages) ?

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State the name and address of the owners of these other damaged properties :

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At on 20

Signature