



AUTO/MOTO ACCIDENT DECLARATION

Certificate number of your insurance with VANDER HAEGHEN & C°:

1. Insurance Policy Holder

Mr Mrs Miss Company Name _____
Surname _____ First Name _____
Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____
Telephone No. _____ Email _____

2. CIRCUMSTANCES OF THE ACCIDENT

Date of Accident _____ Time of Accident _____

Place of accident (specify the exact address) _____

Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____

Starting address before the accident _____

Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____

Address of the destination (the place you wanted to go) _____

Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____

Make and Model of the vehicle involved in the accident _____

Number plate of the vehicle involved in the accident _____

Name of the driver at the time of the accident _____

Owner of the vehicle involved in the accident _____

Is the VAT relating to the claim vehicle deductible? Yes No

If yes, what percentage? _____

Name and contract number of the insurer of the vehicle _____

At the time of the accident, what was the driver using the vehicle for? Private Professional

Were there passengers in the vehicle at the time of the accident? (Share the identity and details of the passengers) _____

3. CAUSE OF THE ACCIDENT

Cause of the accident (tick the suitable box):

- Accident without a third party; aquaplaning, skidding, collision with an obstacle ...
- Collision with a third party
- Vandalism
- Theft (partial/full)
- Fire
- Forces of nature / collisions with animals
- Breakage of glass

Please describe in more detail the circumstances/causes of the accident _____

What obstacle did your vehicle collide with (where applicable) _____

What is the version of events of the other side (in the case of involvement of a third party) _____

Contact information of the opposing party and their insurance company _____

Were there witnesses to the accident (share the identity and contact information of the witnesses) _____

Have the police produced a report (Share the P.V. number) _____

Did the driver drink alcohol before the accident? (specify the quantity) _____

Was the driver subjected to a breathalyser test? _____

Identification and location of the damage of the vehicle _____

Is the vehicle unusable? _____

Has the vehicle been repaired? (contact the tow-truck garage) _____

Where is the damaged vehicle currently? _____

Name and contact information of the mechanic _____

Do you have any other useful information to share? _____

4. DOCUMENTS

Please attach the following documents to this declaration

- Duly completed amicable report (in the case of third parties being involved)
- Police report/ certificate of complaint
- Repair estimate
- Purchase invoice(s)

The form is to be returned no later than 8 days after the incident (within 24 hours in the case of theft or fire)

To VANDER HAEGHEN & C° s.a.,:

- By post: Avenue des Nerviens 85, bte 2, 1040 Bruxelles
- By fax: 02 / 526.00.11

- By email : claims@vdh.be

VANDER HAEGHEN & C° reserves the right to subsequently request any document or information it deems useful.

5. WARNING

Any fraud or attempted fraud against the insurance will not only result in the termination of the insurance contract but will also be subject to criminal proceedings on the basis of Article 496 of the Criminal Code.

The insurance company VANDER HAEGHEN & C° (on behalf of P&V Insurance SCRL 100%), may, if necessary, communicate with the GIE Datassur for relevant personal data within the exclusive scope of the risk assessment and the management of contracts and related claims. Any person proving his/her identity has the right to obtain communication and, where appropriate, rectify the data concerning him/her with the Datassur. To exercise this right, the person concerned should send a dated and signed application accompanied by a copy of his identity card to the following address: Datassur, 29 Square de Meeûs à 1000 Bruxelles.

The signee certifies that the above answers are complete and true.

He agrees that the company will process the above-mentioned data, subject to compliance with the protection of privacy, for the provision and management of insurance services in general, including the compilation of statistics.

The person concerned has a right of control over his data and can, if necessary have them corrected.

DO NOT FORGET TO SIGN AND DATE THIS DECLARATION

Date _____ Signature _____