

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality :	Place :	3. Injury(ies) even if slight
		Country :		no <input type="checkbox"/> yes <input type="checkbox"/>

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	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:

12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing
**delete where appropriate*

<p>A</p> <p><input type="checkbox"/> 1 *parked/stopped</p> <p><input type="checkbox"/> 2 *leaving a parking place/ opening the door</p> <p><input type="checkbox"/> 3 entering a parking place</p> <p><input type="checkbox"/> 4 emerging from a car park, from private ground, from track</p> <p><input type="checkbox"/> 5 entering a car park, private ground, a track</p> <p><input type="checkbox"/> 6 entering a roundabout</p> <p><input type="checkbox"/> 7 circulating a roundabout</p> <p><input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane</p> <p><input type="checkbox"/> 9 going in the same direction but in a different lane</p> <p><input type="checkbox"/> 10 changing lanes</p> <p><input type="checkbox"/> 11 overtaking</p> <p><input type="checkbox"/> 12 turning to the right</p> <p><input type="checkbox"/> 13 turning to the left</p> <p><input type="checkbox"/> 14 reversing</p> <p><input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction</p> <p><input type="checkbox"/> 16 coming from the right (at road junctions)</p> <p><input type="checkbox"/> 17 had not observed a right of way sign or a red light</p> <p><input type="checkbox"/> ← state number of boxes marked with a cross → <input type="checkbox"/></p>	<p>B</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p>
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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 position 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:

.....

.....

14. My remarks:

.....

.....

15. Signatures of the drivers

.....

.....

15.

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

11. Visible damage to vehicle B:

.....

.....

14. My remarks:

.....

.....

Intermediary/agent:

Company claim number:

Fill out and immediately forward to your insurance agent or to your insurer

Policyholder Name Bank number.....
Occupation paid employment / self-employed *)

Driver Date of birth gender m/f*)
Was the driver authorized to drive? yes / no*)
If no, why not?

Insured motor vehicle Used during event: company /occupation /holiday /other private use*)
Is there a question of: renting without driver / taxi / freight transport for third party / student driving *)
Was a trailer / caravan / semi-trailer / sidecar attached to the motor vehicle? yes / no *) If no registration number, what is the chassis number?
.....

Damage to Estimated amount of the claim: SRD....., estimated by

your motor vehicle Name and address mechanic tel. nr.
.....
When will the motor vehicle be brought to the mechanic?
.....

Legal assistance yes / no*) Policy number Company

insured? If yes, is there damage other than to your motor vehicle? yes/no*)
If yes, which?

Passengers - yes / no*) Policy number Company

Police Was the police present? yes / no*) in :
Did the police help to complete the agreed statement of facts? yes / no*) Will the police prepare a separate report? yes / no / not known*)

Table with 5 columns: Name, House number, gender, Date of birth, Nature injury. Rows for own vehicle and other party.

Table with 3 columns: Circumstances during event, Insured, Other party. Rows for driving speed, road conditions, visibility, etc.

Liability Who is liable in your opinion? Why do you believe that?
.....
.....
.....

Do you still have an agreed statement of facts? yes / no*) Date,
Signature policyholder

Undersigned declares:
- to have answered the above questions and provided statements to the best of his/her knowledge, correctness and agreement, and not to have concealed any details regarding this damage;
- to provide this claim declaration form and any necessary data to be submitted to the company to determine the extent of the damage and the right to payment;
- to have taken cognizance of the contents of this form

* All actions or attempts intended to obtain economic or financial gain that could lead to or have led to detriment of the insurer(s) are punishable. The insurer is entitled to report to the Surinamese judicial authorities as well as to claim back the paid benefits.

*) Delete where appropriate