NETHERLANDS ANTILLES & ARUBA ASSURANCE COMPANY (NA&A) N.V.



accident report

Does not constitute admission of liability; serves only to determine identities and facts; enables prompt claim handling.

CLAIM NR.To be signed by BOTH drivers

															o pe signed by DOTH (III) 618
1. date of accident nours a.m.	2. place			reet)									3. i	njured and/or death (s)
4. damages other than to	5. witne	esse	s:												
vehicles A and B	£														
no yes		_	,									_			
vehicle A	411.11	Ţ	-	12. I	hov	v it	hap with	pe	ned	000		1	<u></u>		vehicle B
	of birth	$ \mathbf{A} $		SQL	Jare	tha	at is	ap	, III. IDlia	eac ble	11	F	2		date of birth
6. policy owner		1	Ι.					·				-	_ ~		l party
Name		$ \Box$	1		١	was	s pai	rke	d		1		א כ	ame_	
First name		╢	2		w	26 1	pulli	na	out		2	ᆡᆫ	٦ / F	irst na	me
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Licens	e Plate	10	5	was	s nr	ıllin	a ini	lo f	he r	nad		ے ا	_		License Plate
7. vehicle			ı			-						1-	٦ ٦	vehi	
Make/type	1		6		ente	erec	dad	cros	ssin	ng	Э	i 🗆	11		
Yr. Of Manuf	J		7		wa	s oı	na	cro:	ssin	a	7	╢⊏	ıl Ü	andriy	pe
Engine no.		1_	٦							_	-	1_	11 ''	. Oi iv	lanuf
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8. Insured with		l i			d	iffe	rent	lan	10				8.	Insur	red with
Citizens Insurance			10		ch	nan	ged	lar	185		10				***************************************
Policy no.			11		14/	ae /	очег	· tal	kina		11	_	, D	oliev pr	
Is damage to your own car insur	red as well?	I — I				_					•	١̈̈	1 10		o
no yes			12	W	as I	mal	king	пg	ht t	ım	12] ' "	no	
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			14	-		-oir	ng in					1	`L		
date o	f birth	ושו									14		'		date of birth
9. driver			15	got	into				nço	min	g15	\Box	9.	drive	
Name						U	raffic	C					N	ame	
First name			16	C	am	e fn	om i	the	rigi	nt	16		Fi	rst nar	ne
Address					(ir	ı a ı	Cros	sin	g)				Ad	ldress	
			17	did r	noti	note	e "rig	ght	of r	nay"	17				
Driver's license no	A/B/C/D/E									-			Dr	iver's	license no A/B/C/D/E
Date issued			4		М	lent	tion	tota	al						ued
Profession				5	squa	ares	s ch	eck	ked	,			Pr	ofessi	on
10. Indicate where			1	3. d	irav	vine	a of	ac	ecid	ent		_			40 Indianto ultra
vehicle was damaged	Indicate cle accident	arly 1	. sti	reets	- 2.	dir	ectio	วก ด	of ve	hic	es at	the	time	of the	10. Indicate where vehicle was damaged
	accident.	- <u>J. u</u>	1011	Pusit	IOII		u an	116 \$	siyn:	<u> </u>	. na	me (or stre	et	- Torrior Was damaged V
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14. remarks													14	l. rem	narks
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16.	Circumstances of the accident:	Weather : dry Road surface : dry speed : kr	raining wet/slippery/o	dirt	
		Was alcohol involved?	yes,by		
17.	Police	Did the police intervene?	Yes, policeman		-
18.	Insured			·····	
	Vehicle	Driver of vehicle A: Is he/she Does he/she live at the insu- Is he/she employed by the in In what capacity can he/she	red's address? nsured?	Yes No Yes No Yes No	
19,	Finance	Has the car been financed?	Yes, with No.		
20.	Repair	Where will the vehicle be reported by the Vehicle A		date	
21.	Premium	When was the last premium When was the deductible (A Have you had an accident b) paid? efore?	now many times;	
22.		In your opion, who is at fault	│ No. ?		
		Reason			
23.	Indicate the damages of	her than to the vehicles (see no	o. 4)		
24.	INJURED				
	Name	Address	Type of injury	Related to the driver	Employed by the driver
			 		
	<u> </u>				
					
			<u></u>		
	My insurance broker	is:		¬ ·	
	<u> </u>			Date:	
	4				

Report to be completed by driver (A). Send this report to Citizens Insurance as soon as possible (within 3 x 24 hours)

Signature of insured (A)



NETHERLANDS ANTILLES & ARUBA ASSURANCE COMPANY (NA&A) N.V.

Dominicanessenstraat 5 Oranjestad, Aruba
Tel.: (297) 582-4990 / 582-6315
Fax: (297) 583-4961
info@naa-citizens.com
KVK 35969.0 Pers.nr. 3597320

DECLARATION - DRIVER

DATE :	
SURNAME :	FIRST NAME :
ADDRESS :	TELEPHONE:
D.O.B. :	BIRTHPLACE:
LICENSENR.:	VALID TILL :
PLACE OF ACCIDENT:	
DATE OF ACCIDENT :	TIME:
DECLARATION:	
SIGNATURE:	



NETHERLANDS ANTILLES & ARUBA ASSURANCE COMPANY (NA&A) N.V.

DRAWING - ACCIDENT ROAD SITUATION

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