



16. **Circumstances of the accident:** Weather :  dry  raining  
 Road surface :  dry  wet/slippery/dirt  
 speed : km/hr.

Was alcohol involved?  yes, by \_\_\_\_\_  
 no.

17. **Police** Did the police intervene?  Yes, policeman \_\_\_\_\_  
 No, reason \_\_\_\_\_

18. **Insured Vehicle** Driver of vehicle A: Is he/she the regular driver?  Yes  No  
 Does he/she live at the insured's address?  Yes  No  
 Is he/she employed by the insured?  Yes  No  
 In what capacity can he/she dispose of the vehicle? \_\_\_\_\_

19. **Finance** Has the car been financed?  Yes, with \_\_\_\_\_  
 No.

20. **Repair** Where will the vehicle be repaired?  
 Vehicle A \_\_\_\_\_ date \_\_\_\_\_  
 Vehicle B \_\_\_\_\_

21. **Premium** When was the last premium (A) paid?  
 When was the deductible (A) paid?  
 Have you had an accident before?  Yes, how many times: \_\_\_\_\_  
 No.

22. In your opinion, who is at fault? \_\_\_\_\_  
 Reason \_\_\_\_\_

23. Indicate the damages other than to the vehicles (see no. 4) \_\_\_\_\_  
 \_\_\_\_\_

24. **INJURED**

Name	Address	Type of injury	Related to the driver	Employed by the driver

My insurance broker is: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of insured (A)