

Fill in the form according to this example

Always start by completing box 1, box 2, 3 ... up to and including box 15. THAT WAY YOU WON'T FORGET ANYTHING!

Please don't forget to fill in this information.

agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

List the names and addresses of witnesses OR "no witnesses".

Tick the boxes that correspond to your situation at the time of the accident:

- left-hand boxes for vehicle A
- right-hand boxes for vehicle B

Write down the full identity of the policyholder.

Clearly state the make, type and licence plate of the vehicle.

The name of the insurance company and the contract number are important.

Enter your last name, first name, address and information about your driving licence here.

Enter the number of ticked boxes, even if it is 0.

Indicate where the vehicle was first hit and also describe the severity of the visible damage to the vehicle.

Include your own specific comments to clarify the circumstances of the accident.

If you do not agree with the comments of the driver of the other vehicle, you must mention this.

1. date of accident: _____ time: _____ 2. place (exact location of accident): _____ 3. injuries even if slight: no yes *

4. property damage other than to the vehicles A and B: no yes * 5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B): _____

vehicle A

6. insured policyholder (see insurance cert.)

Name (capital letters) First name _____

Address _____

Tel. No. (from 9 hrs. to 17 hrs.) _____

Can the insured recover the Value Added Tax on the vehicle? no yes

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company **TVM BELGIUM**

Policy No. _____

Agent (or broker) _____

Green Card No. (if issued) _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no yes

9. driver (see driving licence)

Name (capital letters) First name _____

Address _____

Driving licence No. _____

Groups Issued by _____

valid from _____ to _____

12. circumstances Put a cross (X) in each of the relevant spaces to help explain the plan.

1	parked (at the roadside)	1
2	leaving a parking place (at the roadside)	2
3	entering a parking place (at the roadside)	3
4	emerging from a car park, from private grounds, from a track	4
5	entering a car park, private grounds, a track	5
6	entering a roundabout (or similar traffic system)	6
7	circulating in a roundabout etc.	7
8	striking the rear of the other vehicle while going in the same direction and in the same lane	8
9	going in the same direction but in a different lane	9
10	changing lanes	10
11	overtaking	11
12	turning to the right	12
13	turning to the left	13
14	reversing	14
15	encroaching in the opposite traffic lane	15
16	coming from the right (at road junctions)	16
17	not observing a right of way sign	17

State TOTAL number of spaces marked with a cross: _____

vehicle B

6. insured policyholder (see insurance cert.)

Name (capital letters) First name _____

Address _____

Tel. No. (from 9 hrs. to 17 hrs.) _____

Can the insured recover the Value Added Tax on the vehicle? no yes

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company _____

Policy No. _____

Agent (or broker) _____

Green Card No. (if issued) _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no yes

9. driver (see driving licence)

Name (capital letters) First name _____

Address _____

Driving licence No. _____

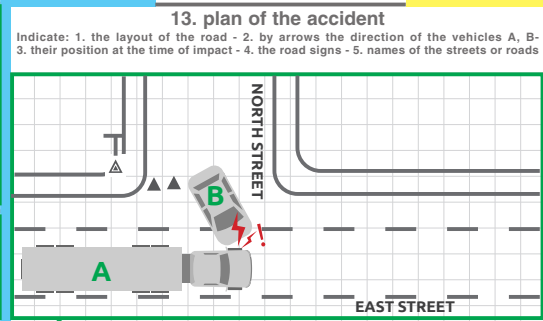
Groups Issued by _____

valid from _____ to _____

10. indicate by an arrow the point of initial impact

11. visible damage

14. remarks



10. indicate by an arrow the point of initial impact

11. visible damage

15. signatures of the drivers

A _____ B _____

4. remarks

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers. For Insured's accident report see back →

The sketch must be precise and the proportions must be correct.

Don't forget the traffic signs (signs, arrows, continuous line, etc.).

Indicate which vehicle is A and which is B.

Don't forget to sign the form and only sign if you agree with what the other party has entered! **If you do not agree, everyone fills in their own EAF, you exchange the duplicates and file a one-sided report or notify the police.**



What to do in case of problems?



1

Get yourself to safety

- Is anyone hurt? Call 112!
- Set up your warning triangle and put on a safety vest.
- Get yourself to safety, for example behind a guardrail or on the verge.
- Theft? Report it to the police.



2

Take photos and record the contact information of any witnesses

Before moving any affected vehicles, take a photo of:

- The license plate of the other vehicle(s);
- The location of the accident and the damage to the vehicle.

Also write down the full details of the witnesses: name, address and telephone number.

TIP Does the witness have a business card?



3

Inform your employer of the damage and possible delay

He can help you find solutions and, if necessary, inform the customer about your delay.



4

Fill in your accident statement

- Stay calm and courteous and give an objective account of the facts.
- Choose your column A or B and fill in all the details on the basis of your certificate of insurance.
- Check the information entered by the other driver(s).
- Fill in your own part! Except when your broker or the police are present.
- Complete your accident statement using our tips on the front of this document.
- Do not make any more changes to the front of the accident statement after it has been signed by the two drivers! The back of the document can be completed later.

TIP Check that the carbon copy is clearly legible and take a picture of it.

TIP Request a copy of your statement if the police are present and a police report is drawn up.



5

Send your accident statement to your insurance company.

- Through your broker;
- Send us your statement directly newclaim@tvm.be. Your broker will receive confirmation from us that the statement has been received and a file has been opened.



6

Have your vehicle repaired

Call on our accredited damage repair network. Find your repairer via garage.tvm.be and enjoy various benefits, such as:

- Priority treatment with lower repair costs;
- An appointment within 24 hours after the report;
- No need to advance anything yourself (except for the excess and the part of the VAT that is recoverable);
- Need a replacement vehicle for your truck? You can rent a truck at an attractive rate through the TVM repairers;
- Specific benefits for light trucks and passenger cars: Pick-up & delivery and, if necessary, a free replacement vehicle, as well as a discount of € 150 on the comprehensive insurance excess; you will be charged no excess at all for a 'spot repair', such as scratch damage.



7

Is your vehicle immobilized and/or do you need emergency assistance? Call TVM truck and car assistance 24/7 via +32 (0) 78 15 11 63.

Depending on the coverages and guarantees you have chosen, TVM truck and car assistance will organise for you:

- 24/7 assistance after an accident;
- Roadside assistance on-site;
- Towing or transporting the vehicle if roadside assistance is not possible on-site;
- Returning the vehicle and the occupant(s) to the place of residence;
- Replacement car for 5 days (for light truck or passenger car);
- Personal assistance after illness or accident (for own drivers abroad).

TIP TVM Belgium offers a repair network of garages all over Belgium.
On garage.tvm.be you can quickly and easily find the nearest garage.