

What to do if you've been involved in a car accident

- 1 Put your own safety first. Wear a **safety jacket** and set up your **warning triangle**.
- 2 Complete this **accident statement** form immediately, even when the police visit the scene of the accident.

Note down the contact details of your KBC Insurance agent and your repairer in advance.

Your KBC Insurance agent

Your repairer

Get emergency help

- If anybody has been hurt, call the emergency services and the police as soon as possible on the European emergency number 112.
- If your vehicle is undrivable and/or you need insured assistance, use the KBC Assistance app or contact the KBC 24+ call centre on 0800 964 64 (+ 32 16 24 24 24, if calling from abroad) to get help at any time.
- Contact your insurance agent.

Know how to fill in your form correctly

Take your time to do this as accurately as possible. The more precise you are, the quicker the claim will be settled. Go through the various steps with tips at the rear.

How to report a claim

- **Contact your KBC Insurance agent:** Our insurance agents are specialists in their field and can help you with your more complex insurance questions or if you would rather discuss your insurance claim in person. And they're there for you even if you took out the relevant cover through your bank branch.
- **Call our KBC 24+ call centre:**
 - In Belgium, call the freephone number 0800 964 64
 - Abroad, call + 32 16 24 24 24

STEP 1

Describe the circumstances of the accident and identify the parties and vehicles involved.

- Note down the date, time and place (including street, number and town/city).
- If there are witnesses, note down their name and full address.
- Check that the details on the green card match the ones on the vehicle involved.
- Make sure you include the following details for both vehicle A and vehicle B:
 - the parties involved;
 - the makes and models of the vehicles;
 - the vehicle registration numbers (number plates);
 - the insurance companies;
 - the green card numbers.

Watch our full demo at www.kbc.be/carclaims or watch a shorter version on YouTube by scanning this QR code:



agreed statement

Does NOT constitute an admission of identities and of the facts which will appear on the green card.

1. date of accident _____ time _____ 2. _____

4. property damage other than to the vehicles A and B
 no yes

6. insured policyholder (see insurance certificate)

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 _____

vehicle accident

1978

Must be signed by BOTH drivers

3. injuries even if slight
 no yes

It relates to passenger in A or B)

vehicle B

red policyholder (see insurance cert.)

STEP 2

Specify the circumstances of the accident.

- Sketch the accident. This is important for determining the precise circumstances of the accident.

- Start by drawing the outer edges of the road, followed by the lanes or the middle of the road.
- If there are any traffic signs, traffic lights or road markings, include them in your sketch.
- Draw the vehicles where they were when they collided. Make sure that the front of each vehicle is clearly recognisable in your drawing.
- Mark which is vehicle A and which is vehicle B in your illustration.
- Use arrows to show the direction the vehicles were travelling, especially if someone was reversing.

- Indicate the point of impact on each vehicle under item 10.

If necessary, you can use the checklist at the centre of the page to clarify the circumstances of the accident. Preferably only tick one box. When you have finished, indicate the number of spaces marked.

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

State TOTAL number of spaces marked with a cross

10. indicate by an arrow the point of initial impact



11. visible damage

14 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.

13. plan of the accident

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



15. signatures of

A

A

STEP 3

Agreement and signature

If you **don't** agree with the sketch, indicate this in the *remarks* field and **do not sign the accident statement.**

If this is the case, fill in a separate accident statement with your own sketch.

Important! If you sign the accident statement, you are indicating that you have correctly filled in your details and that you agree with the sketch.



ACCIDENT STATEMENT

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

4. Material damage	5. Witnesses : names, addresses, tel.:
other than to vehicles A and B no <input type="checkbox"/> yes <input type="checkbox"/>
object other than vehicles no <input type="checkbox"/> yes <input type="checkbox"/>

VEHICLE A

6. Insured/policyholder (see insurance certificate)	
NAME:	
First name:	
Address:	
Postal code:	Country:
Tel. or E-mail:	

MOTOR	TRAILER
Make, type	Registration N°
Registration N°	Country of registration
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:	
..... Contry:	
Tel. or E-mail:	
Does the policy cover material damage to the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	

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:
.....

12. CIRCUMSTANCES

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

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

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

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:	

MOTOR	TRAILER
Make, type	Registration N°
Registration N°	Country of registration
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:	
..... Contry:	
Tel. or E-mail:	
Does the policy cover material damage to the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	

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 B by an arrow →

11. Visible damage to vehicle B:
.....

14. My remarks:
.....

15. Signatures of the drivers	15.
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A

B

MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers

(Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one state all) _____				
Insured Vehicle	2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark
	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs				
	3 Are you the Owner?	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>	If no, state Owner's name and address _____	
	4 Exact purpose for which vehicle was being used at time of accident	_____			
	5 Is the vehicle still in use?	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present _____ Tel. No. _____	
	6 Name and address of Finance Company (if any)	_____			
Driver or Person in charge of Vehicle (If the Insured complete this section as appropriate)	7 Date of Birth	Occupation (if more than one state all)	Date driving test passed	Was he driving with your permission?	Was he your employée?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8 Give details of any impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions				
	Date	Offence	Penalty		
Injured Persons	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?
Damage to Property & Vehicles (other than vehicles 'A' & 'B' overleaf)	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)
Police Action	12 Was the accident reported to Police		<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>	
	If yes, give station and P.C.'s name and number _____				
	13 Was warning of prosecution given?		<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>	
	If yes against whom? _____				
Accident Details	14 Weather conditions _____				
	15 Speed of vehicles	<input type="checkbox"/> A <input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/>		
	16 What warnings were given by driver or other party? _____				
	17 Were street lights illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/>		
	18 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	19 If your vehicle is commercial state weight of load carried at time of accident _____				
20 State how accident happened, indicating width of roads, speed limits, etc. _____					

Declaration	I/We declare the foregoing particulars are true in every respect				
	Insured's Signature _____			Date _____	