

ACCIDENT DECLARATION

1. Cyclist

Mr Mrs Miss Company Name _____
 Surname _____ First Name _____
 Street _____ House No. _____ Floor No. _____
 Post Code _____ Town _____ Country _____
 Telephone No. _____ Email private _____
 Email Work _____

2. CIRCUMSTANCES OF THE ACCIDENT

Date of Accident _____ Time of Accident _____

Place of accident (specify the exact address) _____

Street _____ House No. _____ Floor No. _____
 Post Code _____ Town _____ Country _____

Starting address before the accident _____

Street _____ House No. _____ Floor No. _____
 Post Code _____ Town _____ Country _____

Address of the destination (the place you wanted to go) _____

Street _____ House No. _____ Floor No. _____
 Post Code _____ Town _____ Country _____

Make and Model of the vehicle involved in the accident _____

Number plate / serial number of the vehicle involved in the accident _____

Name of the driver at the time of the accident _____

At the time of the accident, what was the driver using the vehicle for? Private Professional

Were there passengers in the vehicle at the time of the accident? (Share the identity and details of the passengers) _____

3. CAUSE OF THE ACCIDENT

Cause of the accident (tick the suitable box):

- Accident without a third party; aquaplaning, skidding, collision with an obstacle ...
- Collision with a third party
- Vandalism
- Theft (partial/full)
- Fire
- Forces of nature / collisions with animals

Please describe in more detail the circumstances/causes of the accident _____

What obstacle did your vehicle collide with (where applicable) _____

What is the version of events of the other side (in the case of involvement of a third party) _____

Contact information of the opposing party and their insurance company _____

Were there witnesses to the accident (share the identity and contact information of the witnesses) _____

Have the police produced a report (Share the P.V. number) _____

Identification and location of the damage of the vehicle _____

Is the vehicle unusable? _____

Has the vehicle been repaired? (contact the tow-truck garage) _____

Where is the damaged vehicle currently? _____

Name and contact information of the mechanic _____

Do you have any other useful information to share? _____

4. DOCUMENTS

Please attach the following documents to this declaration

- Duly completed amicable report (in the case of third parties being involved)
- Police report/ certificate of complaint
- Repair estimate
- Purchase invoice(s)

The form is to be returned no later than 8 days after the incident (within 48 hours in the case of theft or fire)

To **UBIKE** by email : insurance@ubike.be

5. WARNING

Any fraud or attempted fraud against the insurance will not only result in the termination of the insurance contract but will also be subject to criminal proceedings on the basis of Article 496 of the Criminal Code.

The signee certifies that the above answers are complete and true.

He agrees that the company will process the above-mentioned data, subject to compliance with the protection of privacy, for the provision and management of insurance services in general, including the compilation of statistics.

The person concerned has a right of control over his data and can, if necessary have them corrected.

DO NOT FORGET TO SIGN AND DATE THIS DECLARATION

Date _____ Signature _____