



ACCIDENT REPORT

V I C T I M	C.C.S.S. ID number: <i>of the insured if the victim is not the insured person</i>	C.A.M.T.I. ID number: <i>of the insured if the victim is not the insured person</i>
	SURNAME:	First Name:
	Maiden name:	Date of birth:
	Address:	
	Email address:	
	Telephone:	Mobile :
	Employer name:	Employer telephone:

A C C I D E N T	<input type="checkbox"/> traffic accident	<input type="checkbox"/> sporting accident	
	Nature (please tick)	<input type="checkbox"/> assault and battery (assault)	<input type="checkbox"/> accident at school
	<input type="checkbox"/> animal bite	<input type="checkbox"/> other (please specify, e.g. fall...)	
	Exact circumstances of the accident on/...../.....		
		
Did this accident occur: <input type="checkbox"/> during work <input type="checkbox"/> during the journey to or from work			
<input type="checkbox"/> outside the work environment			
In this case, can liability for the accident be attributed to a third party (natural person or legal entity, for example: company, store, etc.)? (please tick)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please read the back of this form, complete it and attach: → The medical certificate recording the injuries, → A copy of the accident statement.			
Description of the injuries:			

Drawn up in Signed:
on

I N F O R M A T I O N	Information about the person responsible for the accident: SURNAME: First Names: Adress: Name of the insurance company covering the risk (civil liability, car insurance, etc.) : Full address of the agency: Claim no.: Policy no.: In the event of a traffic accident, vehicle registration no.:
	Information about the victim: Name of the insurance company covering the risk (civil liability, car insurance, etc.) :① Full address of the agency: Claim no.: Policy no.:
	If the victim was a passenger in a vehicle involved in an accident: Surname, first name and address of the driver:..... Name of the driver's insurance company for the vehicle: Full address of the agency: Claim no.: Policy no.:

① Important :

In your interest and to prove the expenses incurred by your accident to the third party responsible, we recommend that you:

- *check that the information given by your doctor or medical auxiliary on your treatment form under the "conditions treated for the person receiving the care" section, expressly states whether or not the treatment for which reimbursement is claimed relates to an accident caused by a third party, and gives the date of this accident.*
- *take photocopies of all the medical expenses claim forms and invoices that you send to the fund for reimbursement.*
- *keep the itemised statements that will be sent to you as a single copy by the fund with each reimbursement*