

**Accident Report** For policy no.....

To be sent within a reasonable time to

**ADESIO Assurances asbl**

**Chaussée de Marche 604 – 5101 Erpent**

Tel: 078/150154 – [sinistre@adesio.be](mailto:sinistre@adesio.be)

Name, address and telephone number of policyholder: (school, groups etc).....

.....  
 .....

Date of accident:            \_\_\_\_ 20\_\_

Victim's date of birth : .....

|  |   |
|--|---|
| <b>V<br/>I<br/>C<br/>T<br/>I<br/>M</b>   | Surname and first names   |
|  | Address – No.   |
|  | Post Code                      Town   |
|  | ONLY FOR EDUCATIONAL INSTITUTIONS: PUPILS <input type="checkbox"/> STAFF <input type="checkbox"/>   |
|  | What type of education is followed by the victim (delete that which does not apply, underline that which does apply).<br>- Non-technical: Pre-school and primary – secondary – normal – higher.<br>- Technical: state the type of education followed: .....   |
|  | IF THE VICTIM IS A MINOR: surname, first names and full address of parents or guardian:<br>.....<br>Profession of father and, if applicable, of mother ..... Tel no.: .....<br>Mutual insurance company and membership no.: .....<br>Name and address of doctor or clinic which gave the first-aid: .....<br>..... Tel no.: ..... |
| <b>A<br/>C<br/>C<br/>I<br/>D<br/>E<br/>N<br/>T</b>   | INFORMATION REGARDING THE ACCIDENT: Did the accident cause the victim's death?                      YES <input type="checkbox"/> NO <input type="checkbox"/>  |
|  | Place of the accident:..... Time: .....   |
|  | Causes and circumstances of the accident: .....   |
|  | .....   |
|  | .....   |
|  | Can the accident be attributed to a third party? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| Was the injury caused to a third party/other person?                      YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| Name and address of third party:.....  |   |
| .....  |   |
| Name of third party's insurance company:.....No. of his/her policy:.....   |   |
| If there has been an official report, which is the reporting authority? Police or Gendarmerie of: .....                            |   |

Drawn up in.....on .....20..... Signature (capacity)