

Victim Report Form

1 Victim details

Name and initials

Date of Birth

.....-.....-.....

M / F

Address

(Mobile) phone number

E-mail address

2 Details of incident

Incident date

.....-.....-.....

Incident location

Description of the incident

If this concerns a traffic accident, in what manner were you participating in the traffic situation?

License plate number of the transport method you were in/on

3 Details of the counterparty (if applicable)

Name and initials

M / F

Address

License plate number

Insurance firm (if known)

Policy number (if known)

4 Occupational disability

What is the nature of your injury?

Have you become occupationally disabled as a result of this accident?

5 Signature

Date

.....-.....-.....

Name and initials

Signature