

### Driver's Declaration

#### I. Accident Information

Date \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ am  pm  Policy Number \_\_\_\_\_

Place of accident \_\_\_\_\_ In front of \_\_\_\_\_

#### II. Driver's information

<b>Family Name</b>	<b>Name</b>	<b>Telephone</b>	
		Home	Cell Phone

<b>Address</b>	<b>Date of Birth</b>

Sex: Female  Male  Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Do you have a driver's license? Yes  No

Driver's License # \_\_\_\_\_ Type \_\_\_\_ Country of Issue \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### III. Vehicle, Driver and Occupants Information

Brand	Model	License #	Color

Use of Vehicle? Personal  Rental  Business  Lesson

Were you authorized to drive the car? Yes  No  Were you wearing your seat belt? Yes  No

How many occupants? \_\_\_\_\_ How many injured? \_\_\_\_\_ Please Specify:

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

Ever involved in an accident before? Yes  No  Quantity \_\_\_\_\_ Year(s) \_\_\_\_\_

Did the police attend the accident? Yes  No  Name Officer \_\_\_\_\_

Were you the driver? Yes  No  If not, who was? \_\_\_\_\_

Were you at fault? Yes  No  If not, who was? \_\_\_\_\_

Was it raining or was the road wet? Yes  No  How fast were you driving? \_\_\_\_\_ km p/h

Were you tired? Yes  No  Why? \_\_\_\_\_

Were you ill? Yes  No  What Illness? \_\_\_\_\_

Did you take alcohol? Yes  No  If yes, how many beers, shots or drinks? \_\_\_\_\_

#### IV. Driver's Declaration

Give a brief explanation of what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_