

16. **Circumstances of the accident:** Weather : dry raining
 Road surface : dry wet/slippery/dirt
 speed : km/hr.

Was alcohol involved? yes, by _____
 no.

17. **Police** Did the police intervene? Yes, policeman _____
 No, reason _____

18. **Insured Vehicle** Driver of vehicle A: Is he/she the regular driver? Yes No
 Does he/she live at the insured's address? Yes No
 Is he/she employed by the insured? Yes No
 In what capacity can he/she dispose of the vehicle? _____

19. **Finance** Has the car been financed? Yes, with _____
 No.

20. **Repair** Where will the vehicle be repaired?
 Vehicle A _____ date _____
 Vehicle B _____

21. **Premium** When was the last premium (A) paid?
 When was the deductible (A) paid?
 Have you had an accident before? Yes, how many times: _____
 No.

22. In your opinion, who is at fault? _____
 Reason _____

23. Indicate the damages other than to the vehicles (see no. 4) _____

24. **INJURED**

Name	Address	Type of injury	Related to the driver	Employed by the driver

My insurance broker is: _____

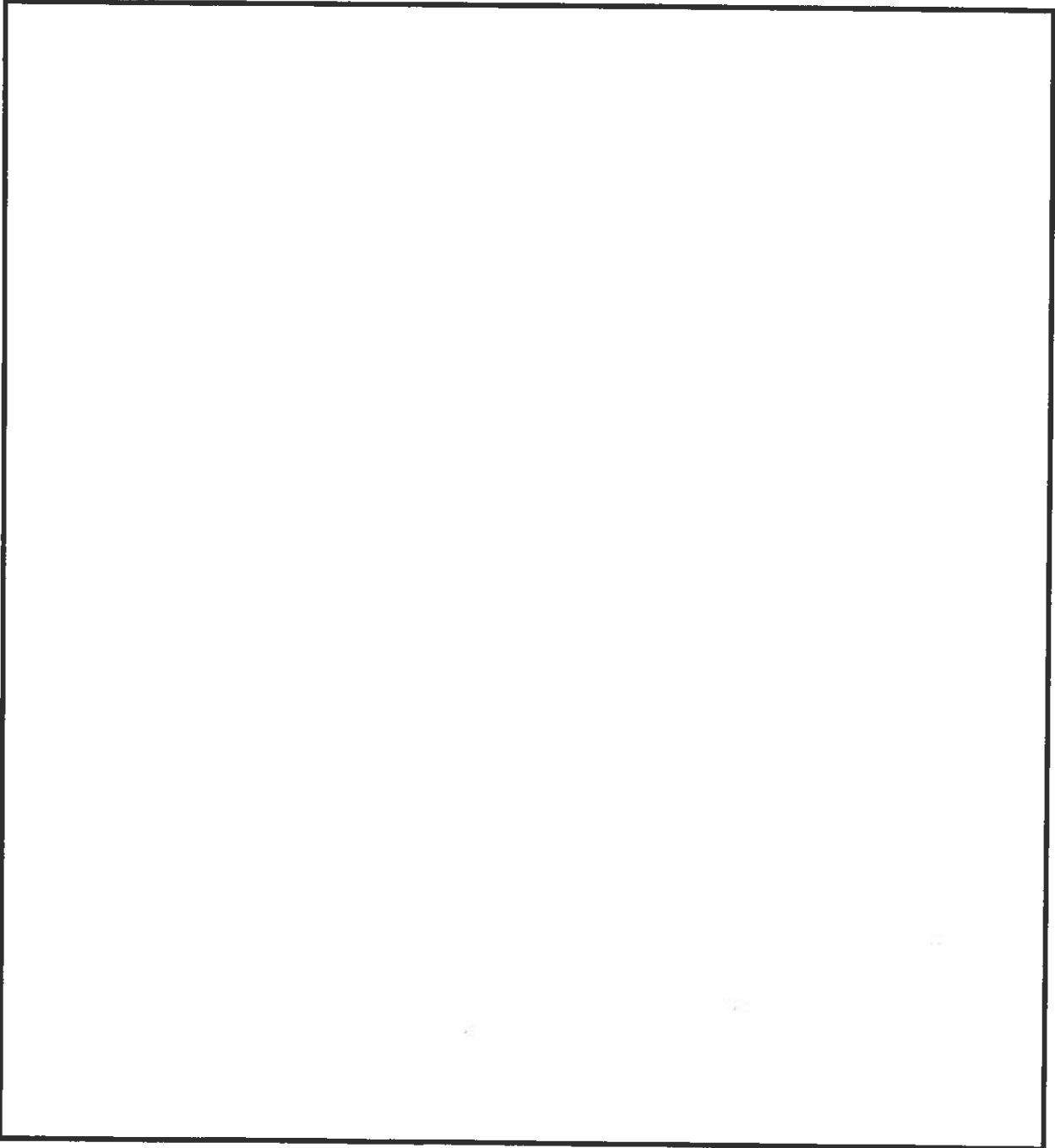
Date: _____

Signature of insured (A)



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DRAWING - ACCIDENT ROAD SITUATION



SIGNATURE : _____