

Location

Request for compensation of damages

Because of the special nature of the Dutch Motor Traffic Guarantee Fund, it is important that you answer the following questions next to filling in the European Accident Report form. When you do not answer all of the questions, the handling of your request might suffer delay. The questions should be answered by the owner of the damaged object(s).

You are familiar with the fact that your data will be registered in the data base of the Dutch Motor Traffic Guarantee Fund. Your personal information will be processed in accordance with the General Data Protection Regulation (GDPR). More information (in Dutch) is available in our privacystatement at www.https://waarborgfonds.vereende.nl/privacy-statement

1 / Owner information		
Surname and initials:		Date of birth:
Home address:		
Postal Code:	City:	
E-mail address:		Phone number:
IBAN:	In the name of:	Chamber of Commerce number (KvK):
2 / How do you think the d	amage was caused?	
3 / When and where did yo	ou file a report with the police?	
Date	Time	Station
4 / Do you know the identi	ty of the opponent(s)?	
□ No □ Yes □	No, but I do know the license plate numb	er:
If not: what actions have yo	u taken to retrieve the opponent's identity?	
	em a letter in which you declare them to be li e include a copy of the letter or other comm	
Is the opponent a personal	acquaintance of yours? No Ye	es
Why do you think that the o	opponent will not compensate you for your d	amage(s)?
5 / Did you suffer any physi	ical injuries?	
☐ No ☐ Yes If yes: please describe your	injuries:	
		act you by phone and/or e-mail, but in certain cases we prefer personal / scan / photograph of your identification. After inspection the received file will be

Date

Signature