

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).

1 / Owner information	
Surname and initials	
Date of birth	
Home address	
Postal Code City	
E-mail address	Phone number
Bank account number / IBAN code	
2 / How do you think the damage was caused?	
3 / When and wher e did you file a report with the polic Date Time	ce? Station
Date Time	Station
4 / Do you know the identity of the opponent(s)? No Yes No, but I do know the licentify not: what actions have you taken to retrieve the opponents.	
If you do: have you sent them a letter in which you declar No Ses (please include a copy of the letter of	
Is the opponent a personal acquaintance of yours?	
Why do you think that the opponent will not compensate	
5 / Did you suffer any physical injuries? No Yes If yes: please describe your injuries:	
	es we will contact you by phone and/or e-mail, but in certain cases we prefer personal ding us a copy / scan / photograph of your identification. After inspection the received file will be

Date

Location

Signature