

TVM informationcard

Involved in an accident?

**It is important that the opponent(s)
contact our uk correspondent –
Intact 0330 102 4031 or
foreign.claims@intactinsurance.co.uk**

- 1 Please contact the police in case of physical injury.
- 2 Record the circumstances, date, time and location of the accident. And take photos of the surroundings, the situation after the collision, and the damage to both vehicles and any passengers.
- 3 Note the names, address details and telephone numbers of other persons involved and the vehicle registrations of other vehicles involved on the back of this form.
- 4 Note the details of any witnesses and passengers.
- 5 Fill in the form and hand this to the other persons involved.
- 6 Contact TVM directly regarding the accident via +31 (0)528 29 29 11.



Fill in your details on this form and hand it to the other parties involved.

TVM verzekeringen insured driver details.
Please complete and hand to any other people involved.

Driver's name (naam):

Company (bedrijf):

Phone number (tel nr.):

Phone number company (tel nr.):

Date (datum):

Location of accident (plaats ongeval):

Vehicle registration (kenteken):

Number of passengers (including driver):

Insurer: TVM verzekeringen

Policy number (polisnummer):

Third party registration:

Number of passengers (including driver):

Names (namen):

Record the following details of the accident:

Date:

Location:

Street:

Brief description of the circumstances:

Passengers of opponent's vehicle (including driver):

Vehicle registration:

Name of passengers:



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**Please call our UK representative
immediately. They are there to take
care of you – Intact 0330 102 4031 or
foreign.claims@intactinsurance.co.uk**

We are very sorry that you have been involved in an accident with one of our policyholders. We know that you'll want to get back on the road as quickly as possible. If you believe that our policyholder was responsible for the accident, please contact our UK correspondent Intact on the number shown above (from 9am to 5pm).

Intact is authorized, subject to liability, to deal with any claim (including vehicle repair, temporary transport and injury) on behalf of TVM verzekeringen. Please make sure your insurer or anybody representing you is aware of this offer!



Witnesses

Name:

Address:

Telephone number:

Mobile:

Vehicle registration:

Injury: Yes ☐ No ☐

Policy number:

Name:

Address:

Telephone number:

Mobile:

Vehicle registration:

Injury: Yes ☐ No ☐

Policy number:

Other parties

Name:

Address:

Telephone number:

Mobile:

Vehicle registration:

Injury: Yes ☐ No ☐

Policy number:

Name:

Address:

Telephone number:

Mobile:

Vehicle registration:

Injury: Yes ☐ No ☐

Policy number:

How many and which passengers were present in the vehicles involved? (number and names)



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