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| ic verzekeringen nvHandelsstraat 72 – 1040 BrusselTel 02 509 97 46 – e-mail: schade4@icci.insureONGEVALSVERKLARING “OMNIUM OPDRACHTEN” polisnummer 622626353VerzekeringnemerWELZIJNSSCHAKELS VZWNATIONAAL SECRETARIAATHuidevettersstraat 1651000 Brussel |
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| **Bestuurder** |

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| Telefoon: ……...............................................................E-mail: ……………………………………………………………………………………………………………..….Bankrekening: ………………………………………………………………………………….………….….……………………………………………………………………….…….........Hoedanigheid van de bestuurder:  Gesubsidieerd personeelslid [ ]  Contractueel personeelslid [ ]  Vrijwilliger [ ]  Stagiair [ ]  Lid van de raad van bestuur / Inrichtende Macht [ ]  Andere (omschrijf )……………………………………………………………….. |
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| **ONGEVAL** | Gaat het hier om een ongeval met een voertuig dat eigendom is van of geleased/gehuurd wordt door uw organisatie? Ja [ ]  Neen [ ] Gebeurde de verplaatsing in opdracht van de werkgever? Ja [ ]  Neen [ ] Plaats van het ongeval:……………………………………………………………………………………………………………………………………………………………………………Het gaat om: Glasbreuk [ ]  Botsing met dieren [ ]  Inwerking van een natuurkracht [ ]  Brand [ ]  Diefstal [ ]  Vandalisme [ ]  Ongeval [ ] Omschrijving van het ongeval:………………………………………………………………………………………………………………………………………………..………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………Heeft het voertuig een eigen omniumdekking? Ja [ ]  Neen [ ] Gebeurde er een vaststelling door de politie? Ja [ ]  Neen [ ] Werd er een verklaring afgelegd? Ja [ ] (kopie bijvoegen) Neen [ ] Nummer PV: ………………………………..…  |
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| **DERDE**  | Is er een derde (andere persoon) betrokken bij dit ongeval? Ja [ ]  Neen [ ] Indien ja, Is de derde aansprakelijk? Ja [ ]  Neen [ ]  Ik kan geen standpunt innemen [ ] Verklaar: ………………………………………………………………………………………………………………….………………………………………………………..……………….….……………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………….……...Is de derde bekend? Ja [ ]  Neen [ ] Naam en volledig adres van de derde: ......…………………………………………………………………………...……………………………………….……………………….………………………………………………………………………………………………………………………………………………………………………………………………………..…..…Verzekeringsmaatschappij van de derde: ………………………….…………..………… Polisnummer.: …………………………………….………….……………….. |
| **GEGEVENS VAN HET VOERTUIG** | Is het voertuig eigendom van de bestuurder? Ja [ ]  Neen [ ] Indien neen,  Naam van de eigenaar:………………………………………………………………………………………………………………………………………………………….. Adres van de eigenaar:………………………………………………………………………………………………………………………………………………………….. Banknummer – IBAN van de eigenaar:…………………………………………………………………………………………………………………………………..Merk: …………………………………………………………………………………………………………………………………………………………………………………………………..Type: ……………………………………………………………………………………………………………………………………………………………………………………………………Aard van het voertuig: Personenwagen [ ]  Bestelwagen [ ]  Minibus [ ]  Vervangwagen [ ]  Aanhangwagen [ ]  Moto [ ]  Bromfiets [ ]  Fiets [ ] Nummerplaat:…………………………………………………………………………………………………………………………………………………………………………………….Chassisnummer:……………………………………………………………………………………………………………………………………………………………………..…………..

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| Datum eerste in gebruikstelling: |  |  | / |  |  | / |  |  |  |  |  |

Is BTW aftrek mogelijk? Ja [ ]  Neen [ ]  Indien ja, BTW aftrekpercentage:…………………………………….% |
| Verzekeringsmaatschappij BA van het voertuig: …………………………………………………………………………………………………………………………………..Polisnummer: ………………………………………………………………………………………………………………………………………………………………………………………. |

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| **SCHADE AAN HET VOERTUIGSchade auto** | Gelieve de schade aan het voertuig aan te duidenSchade autoBeschrijf de schade aan het voertuig:……………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **HERSTELLER** | Soort hersteller Carglass Ja [ ]  Neen [ ]  Andere hersteller :  Benaming: ..…………………………………………………………………………………………………………………………..…………………………………………. Adres: ……..…………….……………………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………………… Telefoonnummer: ………………………………………..………………………………………………………………………………………………………………….. |

Opgemaakt te …………………………………. op …………………20….

Handtekening bestuurder Handtekening verantwoordelijke van de organisatie

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| **Verklaring van de opdrachtgever**Ik ondergetekende, ………………………………………………..…………………………………………………………………………verklaar bij deze dat de heer/mevrouw …………………………………………………………………………………………….voormelde bestuurder, tijdens een opdracht een ongeval is overkomen, op . . / . . / . . . . om ...............uur.Omschrijving van de opdracht :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vertrekpunt :……………………………………………………………………………………………………………………………………….Opgemaakt te ………………………op ................................................... 20….Handtekening (hoedanigheid) |