

MOTOR ACCIDENT REPORT (*Participação de sinistro*)

To be completed by the Insured and sent to the broker or insurer within eight days.

1 – INSURED ☐

INJURED THIRD PARTY ☐

Name _____
Occupation _____ Tel. (9h to 16h) _____

2 – DRIVER ☐

Name _____
Occupation _____ Tel. (9h to 16h) _____
Age _____ Is this the usual driver of the vehicle? _____ Does he/she have personal insurance? _____ If yes: Insurance company _____ Policy number _____

4- DETAILED DESCRIPTION OF THE ACCIDENT:

5 - WAS THE ACCIDENT REPORTED TO POLICE? GNR ☐ PSP ☐

Was any Driver submitted to breathalyser test?

This is an English translation of the Portuguese version of the reverse of the *Declaração Amigável de Acidente Automóvel* (agreed statement of facts of a motor vehicle accident).

3 - NAME on vehicle ownership document (if not same)

Name: _____
Tel.: _____
Address: _____
Postal Code _____

What speed the vehicle was going: _____ km/h

Name of Station _____
Which? _____
Result of test: _____

6 - DETAILS OF THE VEHICLES

INSURED

Two wheels ☐

Light ☐ Heavy ☐ Private ☐ Rental ☐ <

Characteristics

THIRD PARTY

Two wheels ☐

> Light ☐ Heavy ☐ Private ☐ Rental ☐

<	Colour	>
<	Owners Name	>
<	Previous Damages? What?	>
<	Is it driveable?	>
<	Was it pulling a trailer?	>
<	Name of repair shop	>
<	Address and tel. n ^o	>

7 - DAMAGE TO PROPERTY & VEHICLES (Other than to vehicles identified under point 6)

Name and Address of the Owners _____
Nature of the Damages _____

8 - INJURED

Name _____
Address _____
Occupation and Age _____
Injuries Sustained _____
Emergency treatment in _____
Hospitalised in _____
State if they were Pedestrian ☐ Occupant of car ☐ (A or B) Pedestrian ☐ Occupant of car ☐ (A or B)

9 - Is there any relationship between the holder of the policy or the driver of the insured vehicle and the driver of the other vehicle, the owner of the damaged property, or any of the injured: relative ☐ business partner ☐ employee ☐ or representative ☐? Specify: _____

10 - Do you intend to claim compensation for loss of earning?

Yes ☐ No ☐

11 - PLACE AND DATE OF THIS REPORT

_____, (day) de (month) de (year)

12 - SIGNATURE OF THE INSURED

MEDAL Claims Department is ready to help you!

Contact our Head Office - R Dr Teófilo Braga, 3 A - 1^o - Apartado 948, 8501-919 Portimão – Tel. 282 430 800

E-mail: sinistros@medal.pt Website: www.medal.pt

All accidents

- Stay calm, be polite and objective.
- Stop your vehicle safely.
- Stay at the scene of the accident until any injured are properly cared for and the accident is properly reported.
- Do not move the vehicles until the accident has been properly reported.
- If the road is obstructed, place warning triangles at least 30m before the obstruction and visible for 100m.
- You must exchange insurance policy details and the names and addresses of the drivers involved.
- If you have difficulty in speaking with the other driver or witnesses, call the police.
- If your vehicle can not be driven, call your breakdown service. The phone number is on the International Motor Insurance Card of each insurance company and available, 24-hours per day.

* Try to obtain names, addresses and phone numbers of any witnesses. Ensure that a police report includes this information.

Is anyone is injured?

If anyone is injured, you must call medical assistance and the police. First try and call the local police and ambulance service. If you cannot, call the **European emergency number 112**. Stay at the scene until the police allow you to leave.

No injuries?

Only your vehicle involved

MEDAL recommends that you complete the **accident report form** (*Declaração Amigável de Acidente Automóvel*), as far as possible. If your vehicle damaged other people's property you should obtain their names and addresses, and give them details of your insurance policy, your name, address and licence.

Only two vehicles involved

Call the police to make a report if:

- the accident takes place outside Portugal.
- either of the cars is registered outside Portugal.
- the other driver is drunk or under the influence of drugs.
- the other driver does not hold a valid driving licence.
- the other car is not insured.

Even if you call the police, MEDAL recommends you also complete the *Declaração Amigável de Acidente Automóvel* to help inform your insurance company. Only leave the scene of the accident when the police allow you to do so.

For most accidents the fastest way to receive insurance compensation is to complete the accident report form. Once the report is signed by both drivers, you may leave the scene of the accident.

Three or more vehicles involved

MEDAL recommends that you call the police to make a report. However, you may also complete the accident report form, using two forms for an accident involving three vehicles. Only leave the scene of the accident when the police allow you to do so, or when the accident reports are signed.

Once the facts are established and agreed, the driver should park the vehicle properly, or if that is not possible, remove it from the roadway or so that it is as close to the right edge of the road as possible.

Filling in the accident report form

See the main text on page 30-31 on how to complete the accident report form. This is a standard form throughout Europe. The questions are the same in any language. On the centre page you will find English translation to help you with other language versions, but we recommend filling in the Portuguese version.

After the accident

The main text on page 31-32 provides information about what to do after the accident.