

Démarche : Right to compensation

Organisme : Victimes et avenir

## Identité du demandeur

Email	<input type="text"/>
Civilité	<input type="text"/>
Nom	<input type="text"/>
Prénom	<input type="text"/>

## Formulaire

Asserting your rights as a victim of a personal injury accident

### Introduction

This form is intended solely for victims of non-fault traffic accidents involving bodily injury.

If there are multiple direct victims, a separate form must be completed for each victim.

Indirect victims must be included on the form completed for the direct victim.

### Your full address

### Your phone number

You can specify your availability to be contacted by a member of the association.

### You are a victim:

Cochez la mention applicable, plusieurs valeurs possibles

☐ Direct

☐ Indirect

### The victim concerned is:

Cochez la mention applicable, plusieurs valeurs possibles

☐ Injured

☐ Deceased

## Right to compensation

### Pièce justificative à joindre en complément du dossier

☐ In the event of death

Submit a death certificate and invoices related to the funeral (transfer of the body, purchase of a burial plot, funeral expenses, monument).

### Pièce justificative à joindre en complément du dossier

☐ In case of injury

Submit the initial medical certificate, the status report in the event of hospitalization, and the surgical report in the event of surgery.

### Date of birth of the victim :

### Nationality of the victim :

### Identity card or passport of the victim or beneficiaries

### Pièce justificative à joindre en complément du dossier

☐ Evidence of family/parental relationship with the victim

### The responsible third party is :

Cochez la mention applicable, plusieurs valeurs possibles

☐ Identified

☐ Unidentified

### Pièce justificative à joindre en complément du dossier

☐ The third party's insurer

If the third party is identified, contact details of their insurer and policy number, if this information has been provided to you.

### What is your social security / public health insurance body ? please provide name, address and your registration number

### Does the victim have private health insurance ?

Cochez la mention applicable

☐ Oui

☐ Non

### Pièce justificative à joindre en complément du dossier

☐ If so, please provide name and contact details of the insurer and your policy number

### Pièce justificative à joindre en complément du dossier

☐ The various exchanges

You must share all correspondence with the various insurers and paying agencies with us.

**Right to compensation  
Did law enforcement intervene?**

Cochez la mention applicable

☐ Oui

☐ Non

**Did you file a complaint following the accident?**

Cochez la mention applicable

☐ Oui

☐ Non

**Pièce justificative à joindre en complément du dossier**

☐ If so, please forward a copy of the complaint.

**If not, but if law enforcement is involved, what are the contact details for the police station or gendarmerie?**

Please provide us with the name of your contact person, if you have it, as well as any documents that may have been sent or given to you.

**Have you consulted the UMJ (medical-legal unit) ?**

Cochez la mention applicable

☐ Oui

☐ Non

**Do you have a lawyer?**

Cochez la mention applicable

☐ Oui

☐ Non

**If so, please provide us with their name and the name of their firm.**

**Personal circumstances of the victim**

**Victim's employment status**

**Pièce justificative à joindre en complément du dossier**

☐ If the victim has, or had, income

Latest tax assessment notice

Last 12 pay slips

Financial statement (if self-employed)

Daily allowances

Pension plan benefits

Death benefit

**Have you received a compensation offer from the insurance company?**

Cochez la mention applicable, plusieurs valeurs possibles

☐ Provisional

☐ Final

## Right to compensation

☐ None

### If you received an offer, did you accept it ?

Cochez la mention applicable

☐ Oui

☐ Non

### Pièce justificative à joindre en complément du dossier

☐ Insurer's proposal

Attach the company's offer.

### Have you undergone a medical examination?

This refers to the assessment organized by your insurer, or that of the liable third party, or by a conciliation and compensation commission (CCI) in the event of a medical accident.

Cochez la mention applicable

☐ Oui

☐ Non

### If so, were you assisted by a medical advisor for victims ?

Cochez la mention applicable

☐ Oui

☐ Non

### Pièce justificative à joindre en complément du dossier

☐ If yes, attach the medical expert's report.

### Pièce justificative à joindre en complément du dossier

☐ Other supporting documents

You may send us any other documents you deem useful, such as expenses related to the accident, medical records, or any medical or paramedical documents independent of the expert assessment, etc.