

**FORMULAIRE DE DECLARATION**

**CIRCONSTANCIEE DE SINISTRE**

**Date du sinistre :** …...……………………………………………………………………………………….

**LYCEE :** …...…………………………………………………………………………………………………………

**DOMMAGE AUX BIENS** [ ]

**RESPONSABILITE CIVILE**  [ ]

**SI DOMMAGE CORPOREL (joindre déclaration accident)** [ ]

**FLOTTE AUTO**…………………………………………………………………………………………………[ ]

**Lieu :** …………………………………………………………………………………………………………………

**Tiers concerné :** …...……………………………………………………………………………………………

**Nom de la compagnie assureur adverse :** …...……………………………………………………

**N° de police de la compagnie adverse :** …...………………………………………………………

**Constat joint si sinistre flotte auto :** …...……………………………………………………………

**Déclaration de sinistre : (synthèse précise des faits) :**

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**Nature des dommages :**

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**Coût des dégâts (devis) :**

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**PHOTOS JOINTES :**  [ ]  **OUI** [ ]  **NON**

 **Date :**

 **Signature**

 **Nom et prénom du signataire :**

 **Fonctions :**