

ACCIDENT STATEMENT

1. Date of accident _____	Time _____	2. Locality : _____	Place : _____	3. Injury(ies) even if slight
		Country : _____		no <input type="checkbox"/> yes <input type="checkbox"/>
4. Material damage		5. Witnesses : names, addresses, tel.: _____		
other than to vehicles A and B objects other than vehicles				
no <input type="checkbox"/> yes <input type="checkbox"/>		no <input type="checkbox"/> yes <input type="checkbox"/>		

VEHICLE A

6. Insured/policyholder (see insurance certificate) _____

NAME
 First name
 Address
 Postal code: Country:

Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate) _____

NAME
 Policy N°
 Green Card N°
 Insurance Certificate
 or Green Card valid from: _____ to: _____
 Agency (or bureau, or broker):

NAME:
 Address:

..... Country:

Tel. or E-mail: _____

Does the policy cover material damage to the vehicle?

no yes

9. Driver (see driving licence) _____

NAME
 First name
 Date of birth:

Address:

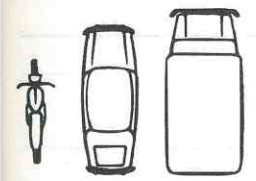
..... Country:

Tel. or E-mail: _____

Driving licence N°
 Category (A, B,):

Driving licence valid until:

10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A: _____

.....

.....

12. My remarks: _____

.....

.....

12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing
**delete where appropriate*

A		B
<input type="checkbox"/> 1	*parked/stopped	<input type="checkbox"/> 1
<input type="checkbox"/> 2	*leaving a parking place/ opening the door	<input type="checkbox"/> 2
<input type="checkbox"/> 3	entering a parking place	<input type="checkbox"/> 3
<input type="checkbox"/> 4	emerging from a car park, from private ground, from track	<input type="checkbox"/> 4
<input type="checkbox"/> 5	entering a car park, private ground, a track	<input type="checkbox"/> 5
<input type="checkbox"/> 6	entering a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7	circulating a roundabout	<input type="checkbox"/> 7
<input type="checkbox"/> 8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/> 8
<input type="checkbox"/> 9	going in the same direction but in a different lane	<input type="checkbox"/> 9
<input type="checkbox"/> 10	changing lanes	<input type="checkbox"/> 10
<input type="checkbox"/> 11	overtaking	<input type="checkbox"/> 11
<input type="checkbox"/> 12	turning to the right	<input type="checkbox"/> 12
<input type="checkbox"/> 13	turning to the left	<input type="checkbox"/> 13
<input type="checkbox"/> 14	reversing	<input type="checkbox"/> 14
<input type="checkbox"/> 15	encroaching on a lane reserved for circulation in the opposite direction	<input type="checkbox"/> 15
<input type="checkbox"/> 16	coming from the right (at road junctions)	<input type="checkbox"/> 16
<input type="checkbox"/> 17	had not observed a right of way sign or a red light	<input type="checkbox"/> 17
<input type="checkbox"/>	← state number of boxes marked with a cross →	<input type="checkbox"/>

Must be signed by both drivers
Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

13. Sketch of accident when impact occurred

Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B - 3. their position at the time of impact - 4. the road signs - 5. names of the streets or roads.

15. Signatures of the drivers

VEHICLE B

6. Insured/policyholder (see insurance certificate) _____

NAME
 First name
 Address
 Postal code: Country:

Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate) _____

NAME
 Policy N°
 Green Card N°
 Insurance Certificate
 or Green Card valid from: _____ to: _____
 Agency (or bureau, or broker):

NAME:
 Address:

..... Country:

Tel. or E-mail: _____

Does the policy cover material damage to the vehicle?

no yes

9. Driver (see driving licence) _____

NAME
 First name
 Date of birth:

Address:

..... Country:

Tel. or E-mail: _____

Driving licence N°
 Category (A, B,):

Driving licence valid until:

10. Indicate the point of initial impact to vehicle B by an arrow →



11. Visible damage to vehicle B: _____

.....

.....

14. My remarks: _____

.....

.....

A

B