

ACCIDENT STATEMENT



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

6. Insured/policyholder (see insurance certificate)
NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail: _____

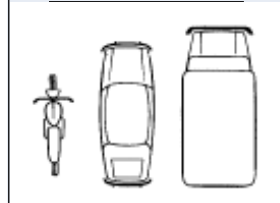
7. Vehicle

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

14. My remarks:
.....
.....

12. CIRCUMSTANCES

↓ A	↓ B
Put a cross in each of the relevant boxes to help explain the drawing <i>* delete where appropriate</i>	
<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 a 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 .13
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

VEHICLE B

6. Insured/policyholder (see insurance certificate)
NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail: _____

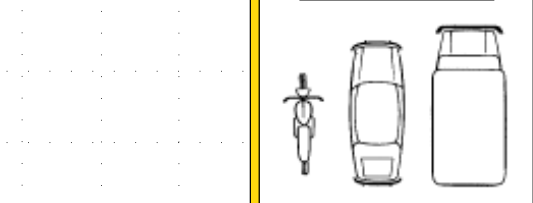
7. Vehicle

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

15. Signatures of the drivers .15

A

B