

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality : Place :	3. Injury(ies) even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
		Country :	

4. Material damage

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"/>

5. Witnesses : names, addresses, tel.:

.....

.....

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:

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"/>
	<input type="checkbox"/>	2 *leaving a parking place/ opening the door		<input type="checkbox"/>
	<input type="checkbox"/>	3 entering a parking place		<input type="checkbox"/>
	<input type="checkbox"/>	4 emerging from a car park, from private ground, from a track		<input type="checkbox"/>
	<input type="checkbox"/>	5 entering a car park, private ground, a track		<input type="checkbox"/>
	<input type="checkbox"/>	6 entering a roundabout		<input type="checkbox"/>
	<input type="checkbox"/>	7 circulating a roundabout		<input type="checkbox"/>
	<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"/>
	<input type="checkbox"/>	9 going in the same direction but in a different lane		<input type="checkbox"/>
	<input type="checkbox"/>	10 changing lanes		<input type="checkbox"/>
	<input type="checkbox"/>	11 overtaking		<input type="checkbox"/>
	<input type="checkbox"/>	12 turning to the right		<input type="checkbox"/>
	<input type="checkbox"/>	13 turning to the left		<input type="checkbox"/>
	<input type="checkbox"/>	14 reversing		<input type="checkbox"/>
	<input type="checkbox"/>	15 encroaching on a lane reserved for circulation in the opposite direction		<input type="checkbox"/>
	<input type="checkbox"/>	16 coming from the right (at road junctions)		<input type="checkbox"/>
	<input type="checkbox"/>	17 had not observed a right of way sign or a red light		<input type="checkbox"/>
	<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

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:

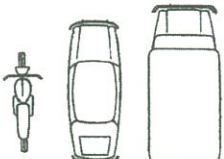
Tel. or E-mail:

Driving licence N°

Category (A, B, ...):

Driving licence valid until:

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



11. Visible damage to vehicle A:


.....

.....

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

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



11. Visible damage to vehicle B:

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14. My remarks:

.....

.....

A

15. Signatures of the drivers

.....

.....

14. My remarks:

.....

.....

B