

# ACCIDENT STATEMENT

Sheet 1/2

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

4. Material damage
other than to vehicles
A and B: no <input type="checkbox"/> yes <input type="checkbox"/>
objects other than vehicles
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 <input type="checkbox"/> yes <input type="checkbox"/>

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

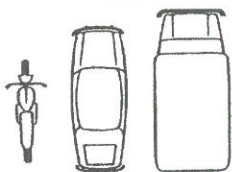
↓ A	Put a cross in each of the relevant boxes to help explain the drawing	↓ B
	* delete where appropriate	
<input type="checkbox"/> 1	* parked / stopped	<input type="checkbox"/> 1
<input type="checkbox"/> 2	* leaving a parking place / opening the door	<input type="checkbox"/> 2
<input type="checkbox"/> 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	enroaching 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

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



## 11. Visible damage to vehicle A:


## 14. My remarks:


## VEHICLE B

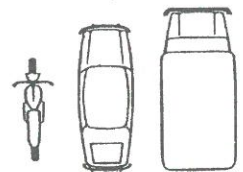
6. Insured/policyholder (see insurance certificate)	
NAME:	
First name:	
Address:	
Postal code:	Country:
Tel. or E-mail:	

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 <input type="checkbox"/> yes <input type="checkbox"/>

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


A

B