

# ACCIDENT STATEMENT

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

**4. Material damage**

other than to vehicles A and B    objects other than vehicles

no  yes     no  yes

**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 .....	Make, type .....
Year of manufacture .....	Year of manufacture .....
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

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

← **state number of boxes marked with a cross** →

**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 .....	Make, type .....
Year of manufacture .....	Year of manufacture .....
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: .....

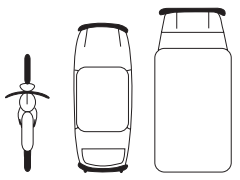
Tel. or E-mail: .....

Driving licence n°: .....

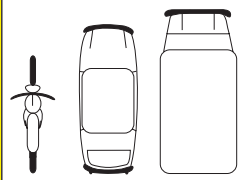
Category (A, B, ...): .....

Driving licence valid until: .....

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



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



**11. Visible damage to vehicle A:**

.....

.....

.....

**11. Visible damage to vehicle B:**

.....

.....

.....

**14. My remarks:**

.....

.....

**A**

**15. Signatures of the drivers** **15.**

.....

**B**

**14. My remarks:**

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