

# ACCIDENT STATEMENT

1. **Date of accident** \_\_\_\_\_ **Time** \_\_\_\_\_

2. **Locality :** \_\_\_\_\_ **Place :** \_\_\_\_\_

Country : \_\_\_\_\_

3. **Injury(ies) even if slight**

no  yes

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 _____	
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	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> ←	<input type="checkbox"/> →

1. \*parked/stopped

2. \*leaving a parking place/ opening the door

3. entering a parking place

4. emerging from a car park, from private ground, from track

5. entering a car park, private ground, a track

6. entering a roundabout

7. circulating a roundabout

8. striking the rear of the other vehicle while going in the same direction and in the same lane

9. going in the same direction but in a different lane

10. changing lanes

11. overtaking

12. turning to the right

13. turning to the left

14. reversing

15. encroaching on a lane reserved for circulation in the opposite direction

16. coming from the right (at road junctions)

17. had not observed a right of way sign or a red light

← state number of boxes marked with a cross →

## 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:**

\_\_\_\_\_

\_\_\_\_\_

14. **My remarks:**

\_\_\_\_\_

\_\_\_\_\_

**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

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