

ACCIDENT STATEMENT

1. Date of accident

Time

2. Locality

Country:

3. Injury(es) even if slight

no ☐ yes ☐

4. Material damage

other than to vehicles

A and B: no ☐ yes ☐

objects other than vehicles:

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

Make, type

Registration N°

Country of registration

TRAILER

Registration N°

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:

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

1. Visible damage to vehicle A:

4. My remarks:

12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing

\* delete where appropriate

A

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

\* parked / stopped

\* leaving a parking place / opening the door

entering a parking place

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

entering a car park, private ground, a track

entering a roundabout

circulating a roundabout

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

going in the same direction but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane reserved for circulation in the opposite direction

coming from the right (at road junctions)

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

B

1

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16

17

\* parked / stopped

\* leaving a parking place / opening the door

entering a parking place

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

entering a car park, private ground, a track

entering a roundabout

circulating a roundabout

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

going in the same direction but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane reserved for circulation in the opposite direction

coming from the right (at road junctions)

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

← 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

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

Make, type

Registration N°

Country of registration

TRAILER

Registration N°

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

A

B