

# ACCIDENT STATEMENT

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

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

7. Vehicle								
<table border="1"><thead><tr><th>MOTOR</th><th>TRAILER</th></tr></thead><tbody><tr><td>Make, type .....</td><td>Registration N° .....</td></tr><tr><td>Registration N° .....</td><td>Country of registration .....</td></tr><tr><td>Country of registration .....</td><td>.....</td></tr></tbody></table>	MOTOR	TRAILER	Make, type .....	Registration N° .....	Registration N° .....	Country of registration .....	Country of registration .....	.....
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

↓	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"/> 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	encroaching 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	13.
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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

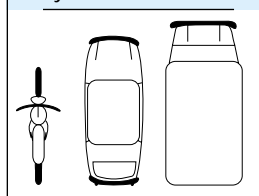
6. Insured/policyholder (see insurance certificate)
NAME: .....
First name: .....
Address: .....
Postal code: ..... Country: .....
Tel. or E-mail: .....

7. Vehicle								
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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"/>

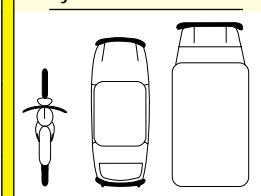
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NAME: .....
First name: .....
Date of birth: .....
Address: .....
..... Country: .....
Tel. or E-mail: .....
Driving licence n°: .....
Category (A, B, ...): .....
Driving licence valid until: .....

10. Indicate the point of initial impact to vehicle A by an arrow →
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11. Visible damage to vehicle A: ..... ..... .....
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10. Indicate the point of initial impact to vehicle B by an arrow →
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11. Visible damage to vehicle B: ..... ..... .....
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14. My remarks: ..... ..... .....
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15. Signatures of the drivers	15.
A	B

14. My remarks: ..... ..... .....
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