

ACCIDENT STATEMENT



1. Date of accident _____ Time _____

2. Locality : _____ Place: _____
Country: _____

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

VEHICLE B

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

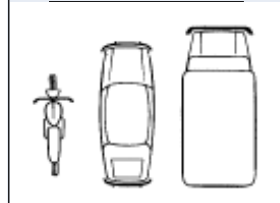
7. Vehicle

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:
.....
.....

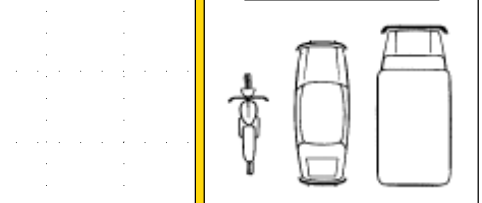
14. My remarks:
.....
.....

15. Signatures of the drivers

A

B

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



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

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