

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality:	Place:	3. Injury(ies) even if slight
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>
4. Material damage		5. Witnesses: names, addresses, tel.:		
other than to vehicles A and B <input type="checkbox"/> objects other than vehicles <input type="checkbox"/>		<input type="text"/>		
no <input type="checkbox"/> yes <input type="checkbox"/>		no <input type="checkbox"/> yes <input type="checkbox"/>		

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: <input type="text"/>	Registration N°: <input type="text"/>
Registration N°: <input type="text"/>	Country of registration: <input type="text"/>
Country of registration: <input type="text"/>	Country of registration: <input type="text"/>

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 in 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

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: <input type="text"/>	Registration N°: <input type="text"/>
Registration N°: <input type="text"/>	Country of registration: <input type="text"/>
Country of registration: <input type="text"/>	Country of registration: <input type="text"/>

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:

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

A	B
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15. Signatures of the drivers

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

11. Visible damage to vehicle B:

14. My remarks: