

ACCIDENT STATEMENT

Sheet 1/2



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: _____

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

11. Visible damage to vehicle A:
.....
.....

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

12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing
** delete where appropriate*

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

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 B by an arrow →

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

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

15. Signatures of the drivers .15

A B