

ACCIDENT STATEMENT

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

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	Make, type
Year of manufacture	Year of manufacture
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

<p>↓</p> <p>A</p>	<p>B</p>
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1 * parked/stopped

2 * leaving a parking place/ opening the door

3 entering a parking place

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

5 entering a car park, private ground, a track

6 entering a roundabout

7 circulating a roundabout

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

9 going in the same direction but in a different lane

10 changing lanes

11 overtaking

12 turning to the right

13 turning to the left

14 reversing

15 encroaching on a lane reserved for circulation in the opposite direction

16 coming from the right (at road junctions)

17 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 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	Make, type
Year of manufacture	Year of manufacture
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:

.....

.....

.....

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

11. Visible damage to vehicle B:

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14. My remarks:

.....

.....

15. Signatures of the drivers 15.

A B

14. My remarks:

.....

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