

# ACCIDENT STATEMENT

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

<b>4. Material damage:</b> other than to vehicles <b>A</b> and <b>B</b> objects other than vehicles no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	<b>5. Witnesses: names, addresses, tel.:</b> ..... ..... .....
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## VEHICLE A

**6. Insured/policyholder** (see insurance certificate):  
NAME: .....  
First name: .....  
Address: .....  
Postal code: ..... Country: .....

**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

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 field, forrest track and the like	<input type="checkbox"/> 4
<input type="checkbox"/> 5	entering a car park, private ground, a field, forrest track and the like	<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 (see 15.)**  
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 positions 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: .....

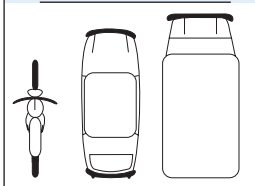
**7. Vehicle**

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: .....

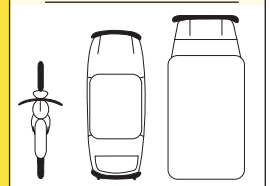
**10. Indicate the point of initial impact to vehicle A by an arrow →**



**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:**

.....  
.....  
.....

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

**15. Signatures of the drivers**

.....  
.....

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

**A**

**B**