

# ACCIDENT STATEMENT

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

**4. Material damage**

other than to vehicles    objects other than vehicles  
**A and B:** 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

↓	<b>Put a cross in each of the relevant boxes to help explain the drawing</b>	↓
<b>A</b>	<i>* delete where appropriate</i>	<b>B</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	enroaching 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"/> ←	<b>state number of boxes marked with a cross</b>	→ <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 A by an arrow →**

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

.....

.....

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**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.

.....

.....

**14. My remarks:**

.....

.....

A

B