

# ACCIDENT STATEMENT

<b>1.</b> Date of accident	Time	<b>2.</b> Locality :	Place: .....	<b>3.</b> 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 <input type="checkbox"/> yes <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

**5. Witnesses : names, addresses, tel.:**

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## 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	1 <input type="checkbox"/>
<input type="checkbox"/> 2	* leaving a parking place/ opening the door	2 <input type="checkbox"/>
<input type="checkbox"/> 3	entering a parking place	3 <input type="checkbox"/>
<input type="checkbox"/> 4	emerging from a car park, from private ground, from a track	4 <input type="checkbox"/>
<input type="checkbox"/> 5	entering a car park, private ground, a track	5 <input type="checkbox"/>
<input type="checkbox"/> 6	entering a roundabout	6 <input type="checkbox"/>
<input type="checkbox"/> 7	circulating a roundabout	7 <input type="checkbox"/>
<input type="checkbox"/> 8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 <input type="checkbox"/>
<input type="checkbox"/> 9	going in the same direction but in a different lane	9 <input type="checkbox"/>
<input type="checkbox"/> 10	changing lanes	10 <input type="checkbox"/>
<input type="checkbox"/> 11	overtaking	11 <input type="checkbox"/>
<input type="checkbox"/> 12	turning to the right	12 <input type="checkbox"/>
<input type="checkbox"/> 13	turning to the left	13 <input type="checkbox"/>
<input type="checkbox"/> 14	reversing	14 <input type="checkbox"/>
<input type="checkbox"/> 15	encroaching on a lane reserved for circulation in the opposite direction	15 <input type="checkbox"/>
<input type="checkbox"/> 16	coming from the right (at road junctions)	16 <input type="checkbox"/>
<input type="checkbox"/> 17	had not observed a right of way sign or a red light	17 <input type="checkbox"/>
<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°: .....

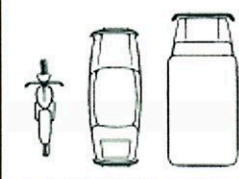
Category (A, B, ... ) : .....

Driving licence valid until: .....

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



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



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

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

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**14. My remarks:**

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**15. Signatures of the drivers** .15

A B

**14. My remarks:**

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