

ACCIDENT STATEMENT

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

4. Material damage	
other than to vehicles A and B: no <input type="checkbox"/> yes <input type="checkbox"/>	objects other than vehicles: no <input type="checkbox"/> yes <input type="checkbox"/>

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 <input type="checkbox"/> yes <input type="checkbox"/>

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

↓ A	Put a cross in each of the relevant boxes to help explain the drawing <i>* delete where appropriate</i>	↓ 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"/> ←	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 <input type="checkbox"/> yes <input type="checkbox"/>

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	15.

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

ADDITIONAL INFORMATION

to be filled out by the insured and returned, immediately, to his insurer

* **Policyholder's :**

Policyholder's name :

What is the policyholder's profession ?

Is the policyholder able to recover VAT on the vehicle ? YES Percentage NO

Indicate the policyholder's bank account (to which any compensation amounts may be paid to the policyholder)

.....

* **Describe the accident :**

.....

.....

.....

.....

Did this accident occur at work / on the way to work ? YES NO

* **Responsibility**

Who is responsible in your opinion ?
(check the appropriate box)

- you, respectively the driver of the vehicle :

- the other party :

- shared responsibility :

* **Will your vehicle be available for a damage assessment ?**

when ?

where ? Tel.:

Address :

.....

* **Information on the driver of the insured vehicle :**

Driver's date of birth : Date of the first issuance of the driver's license :

* **Other comments** (check the appropriate boxes)

Were the police at the site ? YES NO

If so, was a report prepared ? YES NO

If so, by what police station ?

If possible, state the name(s) of the officer(s) who recorded the accident :

Did the driver take a blood test or another test to measure alcohol levels ? YES NO

* **Was anyone injured** (state the full name, address and telephone number of those injured and, if possible, the nature of the wounds) ?

- in your vehicle :

.....

- in the third party's vehicle :

.....

- outside these vehicles :

* **Were there any material damages other than to vehicles A and B ?** (state the nature and degree of these damages) ?

.....

.....

State the name and address of the owners of these other damaged properties :

.....

.....

At on 20

Signature