

ACCIDENT STATEMENT

1. Date of accident _____ Time _____	2. Locality : _____ Place : _____ Country : _____	3. Injury(ies) even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
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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	
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
↓		↓
A		B
1	*parked/stopped	1
2	*leaving a parking place/ opening the door	2
3	entering a parking place	3
4	emerging from a car park, from private ground, from track	4
5	entering a car park, private ground, a track	5
6	entering a roundabout	6
7	circulating a roundabout	7
8	striking the rear of the other vehicle while going in the same direction and in the same lane	8
9	going in the same direction but in a different lane	9
10	changing lanes	10
11	overtaking	11
12	turning to the right	12
13	turning to the left	13
14	reversing	14
15	encroaching on a lane reserved for circulation in the opposite direction	15
16	coming from the right (at road junctions)	16
17	had not observed a right of way sign or a red light	17
←	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

VEHICLE B

6. Insured/policyholder (see insurance certificate)
NAME
First name
Address
Postal code: Country:
Tel. or E-mail:

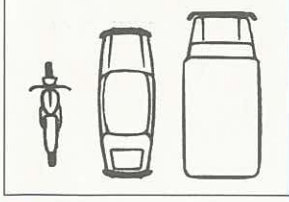
7. Vehicle

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 →



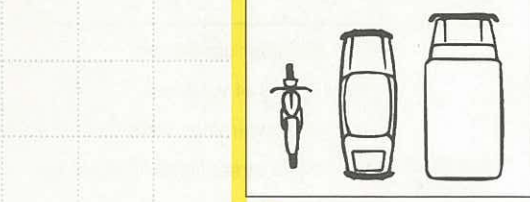
11. Visible damage to vehicle A: _____

14. My remarks: _____



15. Signatures of the drivers

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



11. Visible damage to vehicle B: _____

14. My remarks: _____

A

B