

# ACCIDENT STATEMENT

Sheet 4/4

<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"/>

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

## 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

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

**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 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: \_\_\_\_\_

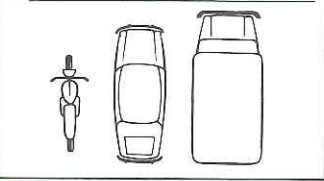
Tel. or E-mail: \_\_\_\_\_

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:**

\_\_\_\_\_

\_\_\_\_\_

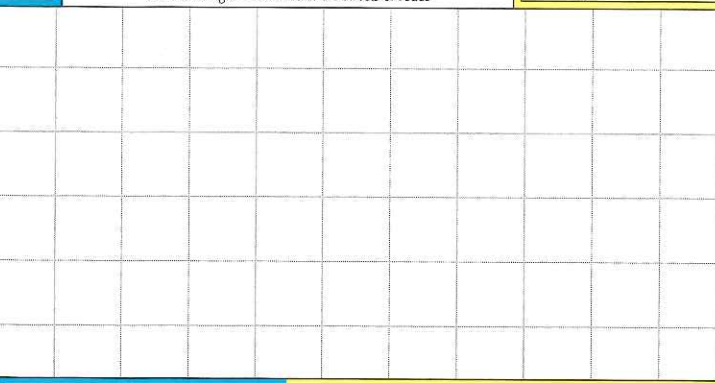
\_\_\_\_\_

**14. My remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

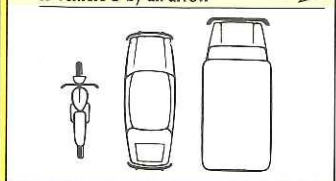


**15. Signatures of the drivers**

\_\_\_\_\_

\_\_\_\_\_

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



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. My remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A**

**B**