ACCIDENT STATEMENT

1. **Date of accident:** | **Time:**

2. **Locality:** | Place: . . . . . | Country: . . . . . .

3. **Injury(es) even if slight** no ☐ yes ☐

4. **Material damage**
other then two vehicles **A** and **B**: no ☐ yes ☐ | objects other then vehicles: 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

A	Put a cross in each of the relevant boxes to help explain the drawing	B
	**delet where appropriate*	
☐ 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 a track	4 ☐
☐ 5	entering a car park, private ground, a track	5 ☐
☐ 6	entering a roundabout	6 ☐
☐ 7	circulation 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

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 of 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: .....

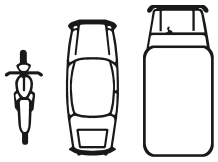
8. **Insurance company** (see insurance certificate)

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)

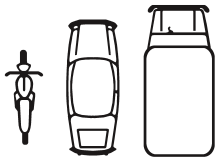
NAME: .....
First name: .....
Date of birth: .....
Address: .....
..... Country: .....
Tel. or E-Mail:
Driving licence n°: .....
Category (A, B ...): .....
Driving licence valid until: .....

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



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

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** **15.**

A

B

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