

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*

<p style="text-align: center;">↓ A</p>	<p style="text-align: center;">Put a cross in each of the relevant boxes to help explain the drawing <i>*delete where appropriate</i></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 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 style="text-align: center;">← state number of boxes marked with a cross →</p>	<p style="text-align: center;">B</p>
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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:

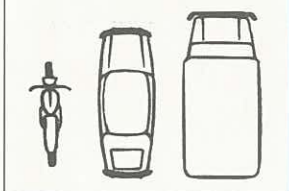
7. Vehicle

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 →



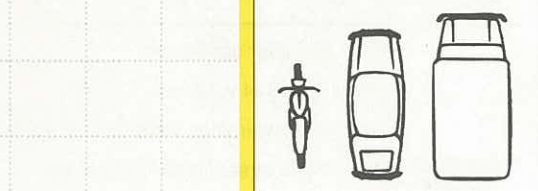
11. Visible damage to vehicle A: _____

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