

# ACCIDENT STATEMENT

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

4. Material damage

other than to vehicles A and B objects other than vehicles

no ☐ yes ☐ no ☐ yes ☐

5. Witnesses: names, addresses, tel.:

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## 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: .....

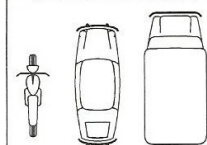
Tel. or E-mail: .....

Driving licence n°: .....

Category (A, B, ...): .....

Driving licence valid until: .....

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



11. Visible damage to vehicle A:

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14. My remarks:

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## 12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing

\* delete where appropriate

A

1 ☐ \* parked/stopped

2 ☐ \* leaving a parking place/ opening the door

3 ☐ entering a parking place

4 ☐ emerging from a car park, from private ground, a track

5 ☐ entering a car park, private ground, a track

6 ☐ entering a roundabout

7 ☐ circulating a roundabout

8 ☐ striking the rear of the other vehicle while going in the same direction and in the same lane

9 ☐ going in the same direction but in a different lane

10 ☐ changing lanes

11 ☐ overtaking

12 ☐ turning to the right

13 ☐ turning to the left

14 ☐ reversing

15 ☐ encroaching on a lane reserved for circulation in the opposite direction

16 ☐ coming from the right (at road junctions)

17 ☐ had not observed a right of way sign or a red light

18 ☐ state number of boxes marked with a cross

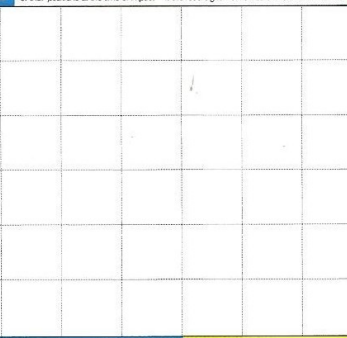
B

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 positions at the time of impact - 4. the road signs - 5. names of the streets or roads



15. Signatures of the drivers

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A

## 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: .....

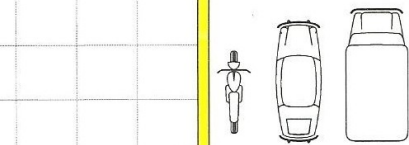
Tel. or E-mail: .....

Driving licence n°: .....

Category (A, B, ...): .....

Driving licence valid until: .....

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



11. Visible damage to vehicle B:

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14. My remarks:

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B

The data provided on this form will be used to process the accident claim and to supply the accident report. It is the responsibility of the insured to provide accurate information. The data may be requested in the RPS (special rules) of the Economic Interest Group (EIG) of the insured. The data may be requested in the RPS (special rules) of the Economic Interest Group (EIG) of the insured. The data may be requested in the RPS (special rules) of the Economic Interest Group (EIG) of the insured.