

ACCIDENT STATEMENT

Sheet 1/2

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

4	<u>Material damage</u>	
other than to vehicles A and B		objects other than vehicles
no	<input type="checkbox"/>	yes <input type="checkbox"/>
		no <input type="checkbox"/> yes <input type="checkbox"/>

6.	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. <u>Vehicle</u>	
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:
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12. CIRCUMSTANCES

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

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.
<p>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</p>		

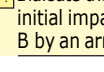
VEHICLE B	
6. Insured/policyholder (see insurance certificate)	
NAME:	
First name:	
Address:	
Postal code:	Country:
Tel. or E-mail:	
7. Vehicle	
MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

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.	<u>Driver</u> (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:

14.	My remarks:
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[illegible]