

ACCIDENT STATEMENT

1. Date of accident

09.10.2024

Time

12h41

2. Locality:

Place: Limmatstrasse

3. Injury(es) even if slight

no ☒ yes ☐

4. Material damage

other than to vehicles A and B objects other than vehicles

no ☒ yes ☐ no ☒ yes ☐

5. Witnesses: names, addresses, tel.:

Luke Smith sample@email.com 73 24 56 8790

VEHICLE A

12. CIRCUMSTANCES

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME: Doe

First name: Jane

Address: 13 Rue de la sample

Postal code: 4200 Country: France

Tel. or E-mail: 73 23 58 3901

7. Vehicle

MOTOR

Make, type
Renault 2

Registration N°
333-ABC-91

Country of registration
France

TRAILER

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME: CDE Assurance

Policy N°: ABC1234

Green Card N°: 93409

Insurance Certificate
or Green Card valid from: 02.2021 to: 02.2029

Agency (or bureau, or broker):

NAME: CDE Assurance

Address: Rue de la sample

Country: France

Tel. or E-mail: 73 23 58 4049

Does the policy cover material damage to the vehicle? no ☒ yes ☐

9. Driver (see driving licence)

NAME: Doe

First name: Jane

Date of birth: 12.01.1994

Address: 13 Rue Albert de Mun

Country: France

Tel. or E-mail: 73 23 58 3901

Driving licence n°: BA12349

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

Driving licence valid until: 12.01.2090

▼ Put a cross in each of the relevant boxes to help explain the drawing
* delete where appropriate

A

☐ 1

☐ 2

☐ 3

☒ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

1

◀

* parked/stopped

* leaving a parking place/
opening the door

entering a parking place

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

entering a car park,
private ground, a track

entering a roundabout

circulating a roundabout

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

going in the same direction
but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane
reserved for circulation
in the opposite direction

coming from the right
(at road junctions)

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

state number of boxes
marked with a cross

B

☐ 1

☐ 2

☐ 3

☐ 4

☒ 5

☐ 6

☐ 7

☐ 8

☒ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

2

▶

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

6. Insured/policyholder (see insurance certificate)

NAME: Smith

First name: Jade

Address: Piazza Città di Lombardia

Postal code: 3098 Country: Italy

Tel. or E-mail: 73 23 58 3482

7. Vehicle

MOTOR

Make, type
Fiat 45

Registration N°
489-93-HFD

Country of registration
Italy

TRAILER

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME: Z.YX Assurance

Policy N°: Z.Y.5757

Green Card N°: 39484

Insurance Certificate
or Green Card valid from: 03.2021 to: 03.2029

Agency (or bureau, or broker):

NAME: Z.YX Assurance

Address: piazza 230

Country: Italy

Tel. or E-mail: 73 23 58 9834

Does the policy cover material damage to the vehicle? no ☒ yes ☐

9. Driver (see driving licence)

NAME: Smith

First name: Jade

Date of birth: 23.01.2000

Address: Piazza Città di Lombardia

Country:

Tel. or E-mail: 73 23 58 3482

Driving licence n°: 859CH

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

Driving licence valid until: 12.01.2093

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

11. Visible damage to vehicle A:

rear right bumper

14. My remarks:

was on his phone!

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

11. Visible damage to vehicle B:

front right bumper

14. My remarks:

Didn't have a turn signal

15. Signatures of the drivers

15.

A

B