

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident	Time
09.10.2024	12h41

2. Locality:	Place: Limmatstrasse
Country: CH	

3. Injury(es) even if slight
<input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/>

4. Material damage

other than to vehicles A and B objects other than vehicles
 no yes
 no yes

VEHICLE A

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	TRAILER
Make, type Renault 2	Registration N° 333 ABC 91
Registration N° 333 ABC 91	Country of registration France

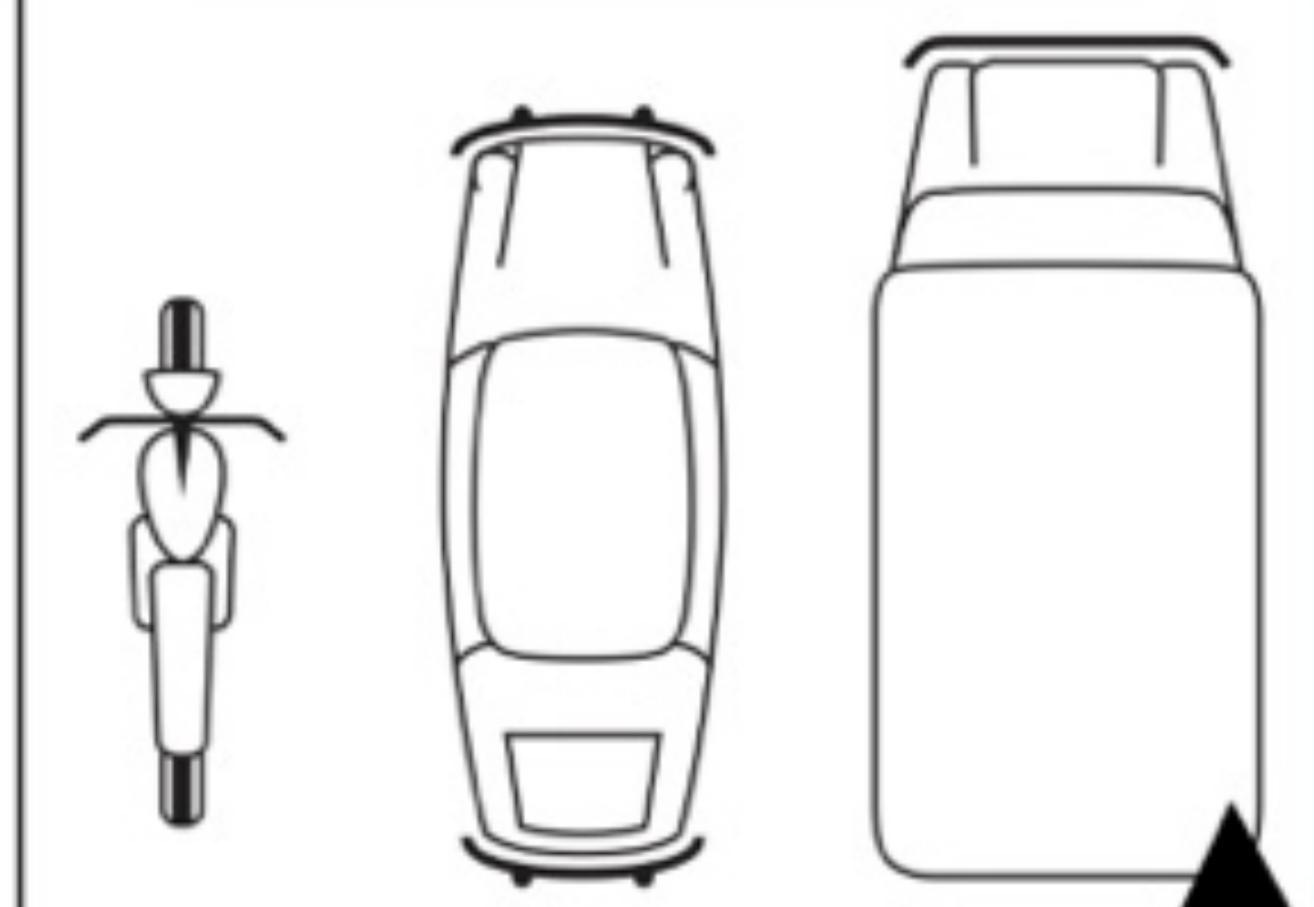
8. Insurance company (see insurance certificate)

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

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!

5. Witnesses: names, addresses, tel.:

Luke Smith sample@email.com 73 24 56 8790

12. CIRCUMSTANCES

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

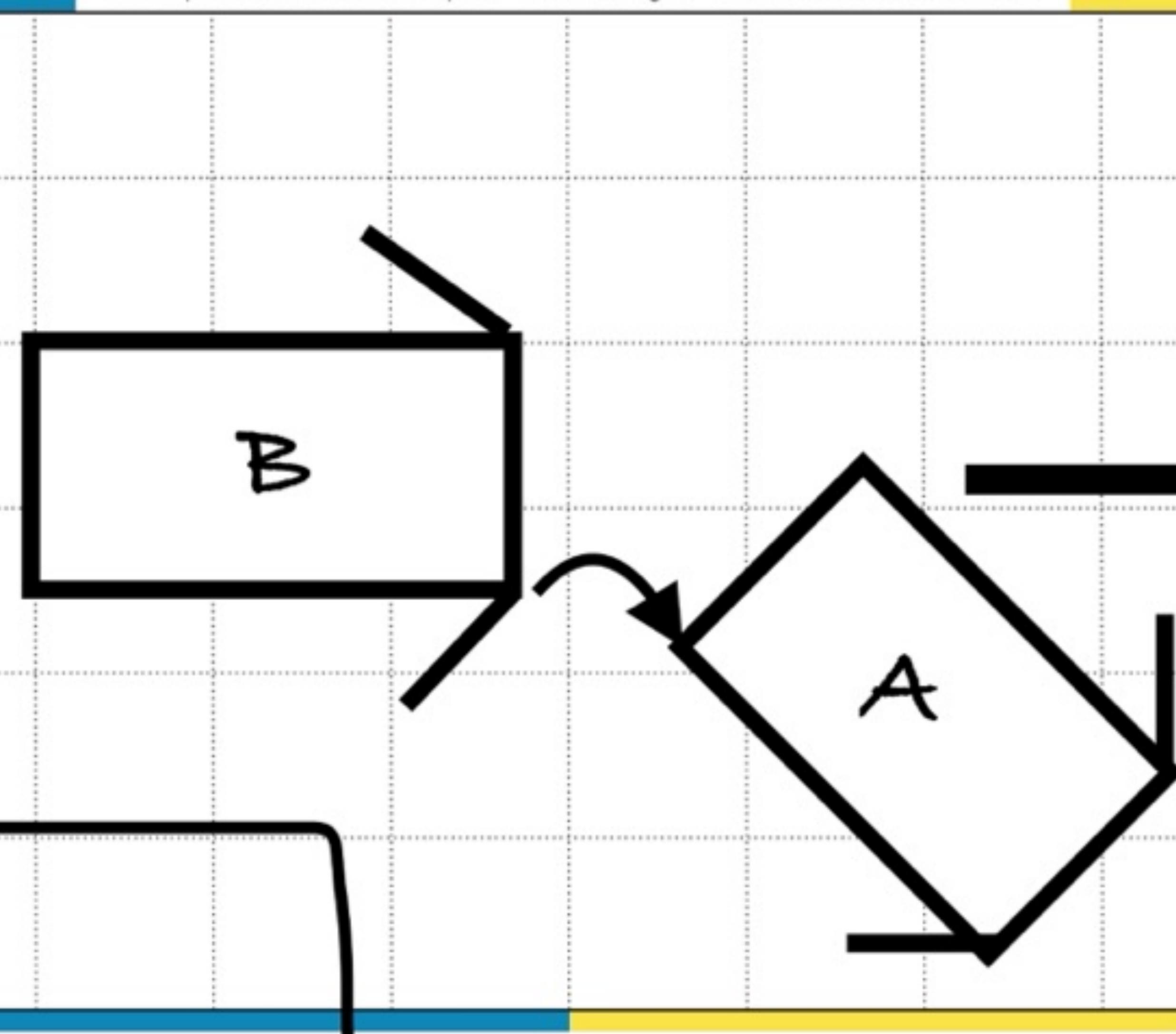
- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> 1 | * parked/stopped | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | * leaving a parking place/
opening the door | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | entering a parking place | <input type="checkbox"/> 3 |
| <input checked="" type="checkbox"/> 4 | emerging from a car park,
from private ground, from a track | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | entering a car park,
private ground, a track | <input checked="" type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | entering a roundabout | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | circulating a roundabout | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | striking the rear of the other vehicle
while going in the same direction
and in the same lane | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | going in the same direction
but in a different lane | <input checked="" type="checkbox"/> 9 |
| <input type="checkbox"/> 10 | changing lanes | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | overtaking | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 12 | turning to the right | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | turning to the left | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 14 | reversing | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | encroaching on a lane
reserved for circulation
in the opposite direction | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 16 | coming from the right
(at road junctions) | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | had not observed a right
of way sign or a red light | <input type="checkbox"/> 17 |

◀ 1 ▶ 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



VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME: Smith
 First name: Jade
 Address: Piazza Città di Lombardia
 Postal code: 3498 Country: Italy
 Tel. or E-mail: 73 23 58 3482

7. Vehicle

MOTOR	TRAILER
Make, type Fiat 45	Registration N° 489-93-HFD
Registration N° 489-93-HFD	Country of registration Italy

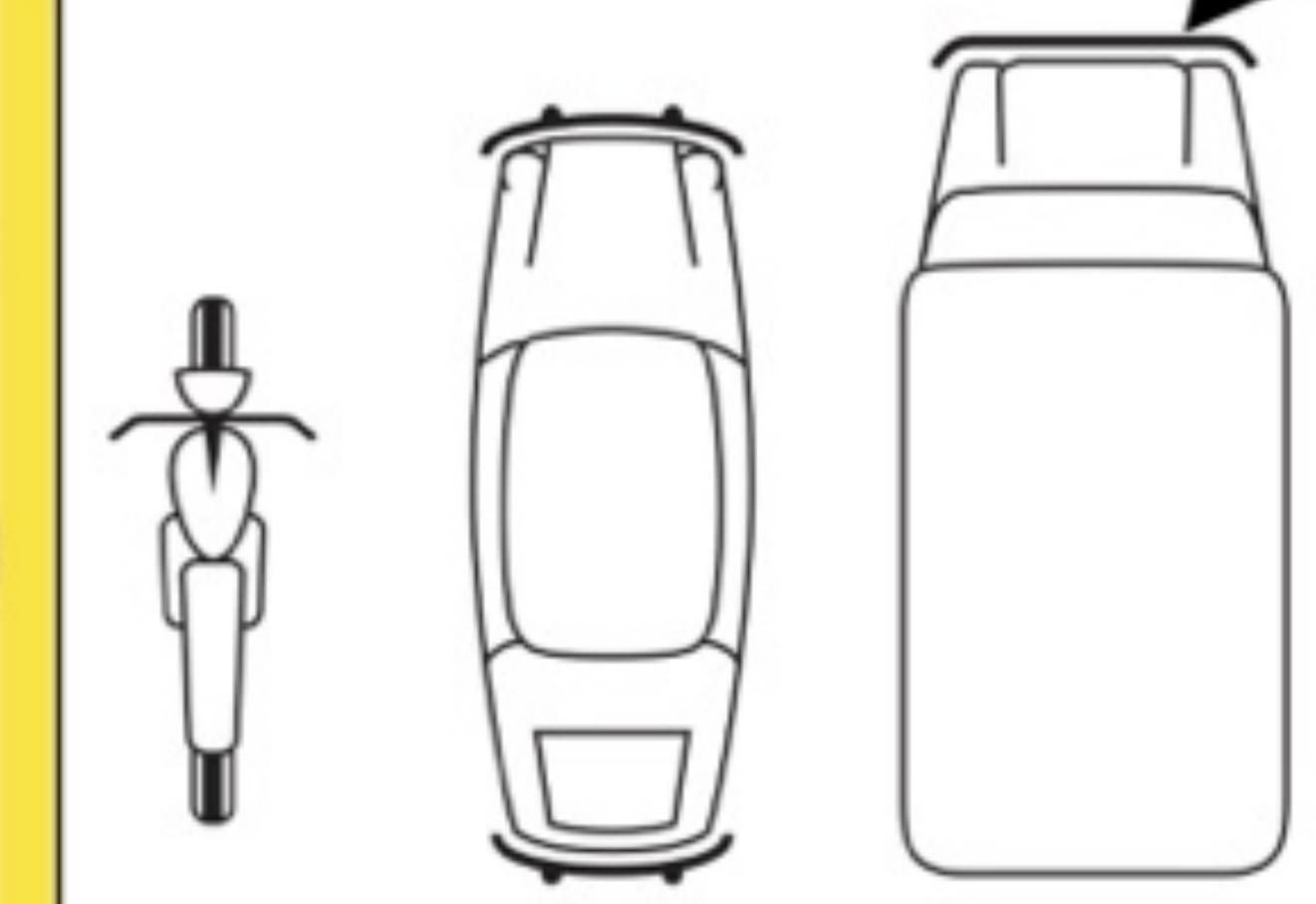
8. Insurance company (see insurance certificate)

NAME: Z.YX Assurance
 Policy N°: Z.Y5757
 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 B by an arrow →



11. Visible damage to vehicle B:

front right bumper

14. My remarks:

Didnt have a turn signal

15. Signatures of the drivers

A B