



agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

1. date of accident	time	2. place (exact location of accident)	3. injuries even if slight no <input type="checkbox"/> yes <input type="checkbox"/> *
4. property damage other than to the vehicles A and B no <input type="checkbox"/> yes <input type="checkbox"/> *		5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

vehicle A	12. circumstances Put a cross (X) in each of the relevant spaces to help explain the plan.	vehicle B
6. insured policyholder (see insurance cert.) Name (capital letters) First name Address Tel. No. (from 9 hrs. to 17 hrs.) Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	A 1 parked (at the roadside) 2 leaving a parking place (at the roadside) 3 entering a parking place (at the roadside) 4 emerging from a car park, from private grounds, from a track 5 entering a car park, private grounds, a track 6 entering a roundabout (or similar traffic system) 7 circulating in a roundabout etc. 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 in the opposite traffic lane 16 coming from the right (at road junctions) 17 not observing a right of way sign	B 6. insured policyholder (see insurance cert.) Name (capital letters) First name Address Tel. No. (from 9 hrs. to 17 hrs.) Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>
7. vehicle Make, type Registration No. (or engine No.)		7. vehicle Make, type Registration No. (or engine No.)
8. insurance company Policy No. Agent (or broker) Green Card No. (if issued) Ins Cert. or Green Card } valid until Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>		8. insurance company Policy No. Agent (or broker) Green Card No. (if issued) Ins Cert. or Green Card } valid until Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>
9. driver (see driving licence) Name (capital letters) First name Address Driving licence No. Groups Issued by valid from to	State TOTAL number of spaces marked with a cross	9. driver (see driving licence) Name (capital letters) First name Address Driving licence No. Groups Issued by valid from to

vehicle A	13. plan of the accident Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B- 3. their position at the time of impact - 4. the road signs - 5. names of the streets or roads	vehicle B
10. indicate by an arrow the point of initial impact 		10. indicate by an arrow the point of initial impact 
11. visible damage		11. visible damage
14 remarks	15. signatures of the drivers A B	14 remarks

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back