




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 24/05/2025	time 14:30	2. place (exact location of accident) Rue Lafayette, Paris	3. injuries even if slight no <input type="checkbox"/> yes <input checked="" type="checkbox"/> *
4. property damage other than to the vehicles A and B no <input type="checkbox"/> yes <input checked="" 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 explain the plan.	vehicle B
6. insured policyholder (see insurance cert.) Name <u>JUAN ALEJANDRO SOLA CASTERMANS</u> (capital letters) First name <u>Juan Alejandro</u> Address <u>Nederlandse</u> Tel. No. (from 9 hrs. to 17 hrs.) <u>448474784</u> Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input checked="" type="checkbox"/>	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 ← State TOTAL number of spaces marked with a cross →	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 <u>Placeholder Make</u> Registration No. (or engine No.) <u>29-KTV-7</u>		7. vehicle Make, type _____ Registration No. (or engine No.) _____
8. insurance company <u>aaa</u> Policy No. <u>7788474</u> Agent (or broker) <u>Max</u> Green Card No. (if issued) <u>4784752</u> Ins Cert. or Green Card } valid until <u>2025/17</u> Is damage to the vehicle insured? no <input type="checkbox"/> yes <input checked="" 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 <u>TAMARA D VAN BOURGONDIE</u> (capital letters) First name <u>Tamara D</u> Address <u>Nederlandse</u> Driving licence No. <u>1234567890</u> Groups <u>AM-A-BE-C</u> Issued by _____ valid from <u>20.01.2013</u> to <u>20.01.2023</u>		9. driver (see driving licence) Name _____ (capital letters) First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____
10. indicate by an arrow the point of initial impact 	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 	10. indicate by an arrow the point of initial impact 
11. visible damage <u>No</u>		11. visible damage _____
14 remarks <u>No</u>	15. signatures of the drivers A <u>Tamara D</u> 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 →