

ACCIDENT STATEMENT

Sheet 1/2

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

4 Material damage

other than to vehicles A and B / objects other than vehicles

no yes no yes

5 Witnesses : names, addresses, tel.:

.....

.....

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME

First name

Address

Postal code: Country

Tel. or E-mail:

12. CIRCUMSTANCES

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

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

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

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

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:

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 →



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



11. Visible damage to vehicle A:

.....

.....

.....

11. Visible damage to vehicle B:

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.....

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14. My remarks:

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15. Signatures of the drivers

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.....

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14. My remarks:

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Insured	1 Occupation (if more than one state all) _____					
Insured Vehicle	2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark	
	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs					
	3 Are you the Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state Owner's name and address _____		
	4 Exact purpose for which vehicle was being used at time of accident _____					
	5 Is the vehicle still in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present _____		
	6 Name and address of Finance Company (if any) _____					
Driver or Person in charge of Vehicle	7 Date of Birth	Occupation (if more than one, state all)	Date driving test passed	Was he driving with your permission?	Was he your employee?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any impairment of sight or hearing and of any other disability _____					
(If the insured complete this section as appropriate)	9 Full details of all driving convictions including pending prosecutions					
	Date	Offence	Penalty			
Injured Persons	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?	
Damage to Property & Vehicles <small>(other than vehicles 'A' & 'B' overleaf)</small>	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)	
Police Action	12 Was the accident reported to Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, give station and P.C.'s name and number _____					
Accident Details	13 Was warning of prosecution given?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes against whom? _____					
Accident Details	14 Weather conditions _____					
	15 Speed of vehicles	A <input type="text"/>	B <input type="text"/>			
	16 What warnings were given by driver or other party? _____					
	17 Were street lights illuminated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	18 What lights were displayed on your vehicle/the other vehicle(s)? _____					
	19 If your vehicle is commercial state weight of load carried at time of accident _____					
Declaration	20 State how accident happened, indicating width of roads, speed limits, etc. _____					
Declaration	I/We declare the foregoing particulars are true in every respect					
	Insured's Signature _____			Date _____		