

# ACCIDENT STATEMENT

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

<b>4. Material damage</b>	
other than to vehicles <b>A</b> and <b>B</b>	objects other than vehicles
no <input type="checkbox"/> yes <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

<b>5. Witnesses: names, addresses, tel.:</b>
.....
.....

## VEHICLE A

<b>6. Insured/policyholder</b> (see insurance certificate)
NAME: .....
First name: .....
Address: .....
Postal code: ..... Country: .....
Tel. or E-mail: .....

<b>7. Vehicle</b>	
<b>MOTOR</b>	<b>TRAILER</b>
Make, type	Registration N°
.....	.....
Registration N°	Country of registration
.....	.....
Country of registration	.....

<b>8. Insurance company</b> (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 <input type="checkbox"/> yes <input type="checkbox"/>

<b>9. Driver</b> (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: .....

## 12. CIRCUMSTANCES

<b>A</b>	Put a cross in each of the relevant boxes to help explain the drawing * delete where appropriate	<b>B</b>
<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 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 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 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
<input type="checkbox"/> ←	<b>state number of boxes marked with a cross</b>	<input type="checkbox"/> →
<b>Must be signed by both drivers</b>		
<small>Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims</small>		

## VEHICLE B

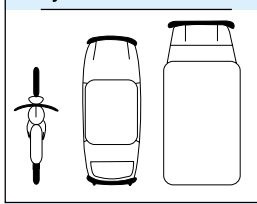
<b>6. Insured/policyholder</b> (see insurance certificate)
NAME: .....
First name: .....
Address: .....
Postal code: ..... Country: .....
Tel. or E-mail: .....

<b>7. Vehicle</b>	
<b>MOTOR</b>	<b>TRAILER</b>
Make, type	Registration N°
.....	.....
Registration N°	Country of registration
.....	.....
Country of registration	.....

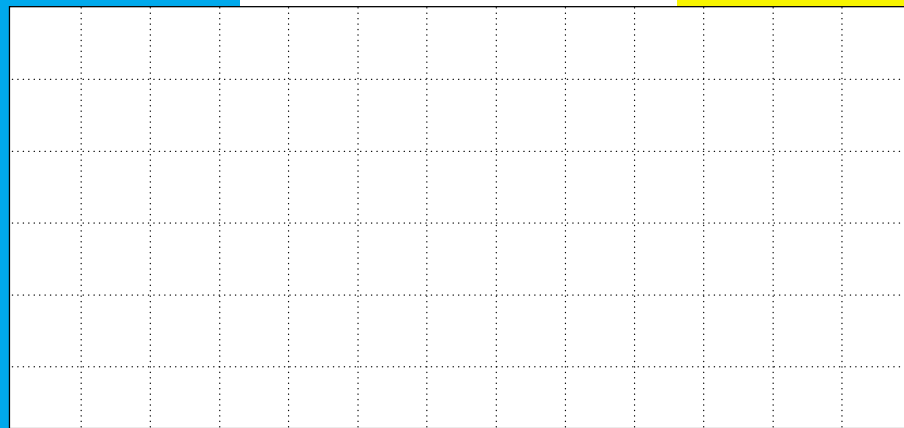
<b>8. Insurance company</b> (see insurance certificate)
NAME: .....
Policy N°: .....
Green Card N°: .....
Insurance Certificate or Green Card valid
from: ..... to: .....
Agency (or bureau, or broker): .....
NAME: .....
Address: .....
..... Country: .....
Tel. or E-mail: .....
Does the policy cover material damage to the vehicle?
no <input type="checkbox"/> yes <input type="checkbox"/>

<b>9. Driver</b> (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: .....

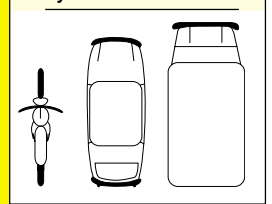
### 10. Indicate the point of initial impact to vehicle A by an arrow →



<b>11. Visible damage to vehicle A:</b>
.....
.....



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



<b>11. Visible damage to vehicle B:</b>
.....
.....

<b>14. My remarks:</b>
.....
.....

<b>15. Signatures of the drivers</b>
.....
<b>A</b>
.....
<b>B</b>

<b>14. My remarks:</b>
.....
.....

