

# ACCIDENT STATEMENT

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

**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: \_\_\_\_\_

**7. Vehicle**

MOTOR	TRAILER
Make, type .....	Make, type .....
Year of Manufacture .....	Year of Manufacture .....
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

**9. Driver** (see driving licence):

NAME: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

..... Country: \_\_\_\_\_

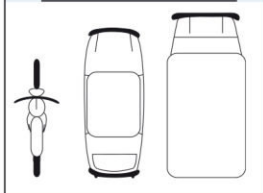
Tel. or E-mail: \_\_\_\_\_

Driving licence n°: \_\_\_\_\_

Category (A, B, ...): \_\_\_\_\_

Driving licence valid until: \_\_\_\_\_

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



**11. Visible damage to vehicle A:**

.....

.....

.....

**14. My remarks:**

.....

.....

**A**

## 12. CIRCUMSTANCES

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

↓	<b>A</b>		<b>B</b>	↓
	<input type="checkbox"/>	1	* <td style="text-align: center;"><input type="checkbox"/></td>	<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 a 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

**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: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. or E-mail: \_\_\_\_\_

**7. Vehicle**

MOTOR	TRAILER
Make, type .....	Make, type .....
Year of Manufacture .....	Year of Manufacture .....
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

**9. Driver** (see driving licence):

NAME: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

..... Country: \_\_\_\_\_

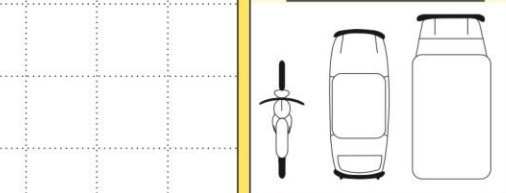
Tel. or E-mail: \_\_\_\_\_

Driving licence n°: \_\_\_\_\_

Category (A, B, ...): \_\_\_\_\_

Driving licence valid until: \_\_\_\_\_

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



**11. Visible damage to vehicle B:**

.....

.....

.....

**14. My remarks:**

.....

.....

**B**

**15. Signatures of the drivers** 15.