

# ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) 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: .....

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

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: .....

## 12. CIRCUMSTANCES

A	Put a cross in each of the relevant boxes to help explain the drawing * delete where appropriate	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"/> ◀	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 identified and of the facts which will speed up the settlement of claims

## VÉHICULE B

6. Preneur d'assurance/assuré (voir attestation d'assurance)

NOM: .....

Prénom: .....

Adresse: .....

Code postal: ..... Pays: .....

Tél. ou e-mail: .....

7. Véhicule

A MOTEUR	REMORQUE
Marque, type	
N° d'immatriculation	N° d'immatriculation
Pays d'immatriculation	Pays d'immatriculation

8. Société d'assurance (voir attestation d'assurance)

NOM: .....

N° de contrat: .....

N° de carte verte: .....

Attestation d'assurance ou carte verte valable du: ..... au: .....

Agence (ou bureau, ou courtier) .....

NOM: .....

Adresse: .....

Country: .....

Tél. ou e-mail: .....

Les dégâts matériels au véhicule sont-ils assurés par le contrat? non  oui

9. Conducteur (voir permis de conduire)

NOM: .....

Prénom: .....

Date de naissance: .....

Adresse: .....

Country: .....

Tél. ou e-mail: .....

Permis de conduire n°: .....

Catégorie (A, B, ...): .....

Permis valable jusqu'au: .....

10. Indicate the point of initial impact to vehicle A by an arrow →	10. Indiquer le point de choc initial au véhicule B par une flèche →
11. Visible damage to vehicle A:	11. Dégâts apparents au véhicule B:
.....	.....

14. My remarks:

.....

.....

15. Signatures of the drivers

.....

.....

14. Mes observations:

.....

.....

A B

The data provided on this form will be used to identify the liable party and to settle the claim. It is the responsibility of the insured to provide accurate information. The data will be processed by the insurer and may be disclosed to the relevant authorities. The data will be processed by the insurer and may be disclosed to the relevant authorities. The data will be processed by the insurer and may be disclosed to the relevant authorities.