

# THE ACCIDENT STATEMENT

MANDATORY INFORMATION

MANDATORY INFORMATION

MANDATORY INFORMATION

1978

## 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

<b>1. date of accident</b> _____ time _____ <b>4. property damage</b> other than to the vehicles A and B <input type="checkbox"/> no <input type="checkbox"/> yes *	<b>2. place</b> (exact location of accident) _____ <b>5. witnesses</b> names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B) Please, use the "Witness Testimony" document.	<b>3. injuries</b> even if slight <input type="checkbox"/> no <input type="checkbox"/> yes *
---	---	---

**vehicle A**

**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 ☐ yes

**7. vehicle**

Make, type \_\_\_\_\_  
 Registration No. (or engine No.) \_\_\_\_\_


**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 ☐ yes

**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**



**11. visible damage**

\_\_\_\_\_

**14. remarks**

\_\_\_\_\_

A

**vehicle B**

**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 ☐ yes

**7. vehicle**

Make, type \_\_\_\_\_  
 Registration No. (or engine No.) \_\_\_\_\_

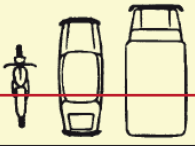
**8. insurance company**

Policy No. \_\_\_\_\_  
 Agent (or broker) \_\_\_\_\_  
 Green Card No. (if issued) \_\_\_\_\_  
 Ins. Cert. or Green Card } valid until \_\_\_\_\_  
 Is damage to the vehicle insured? ☐ no ☐ yes

**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**



**11. visible damage**

\_\_\_\_\_

**14. remarks**

\_\_\_\_\_

B


**12. circumstances**  
 Put a cross (X) in each of the relevant spaces to help explain the plan.

<input type="checkbox"/> 1 parked (at the roadside)	<input type="checkbox"/> 1 entering a roundabout (or similar traffic system)
<input type="checkbox"/> 2 leaving a parking place (at the roadside)	<input type="checkbox"/> 4 emerging from a car park, from private grounds, from a track
<input type="checkbox"/> 3 entering a parking place (at the roadside)	<input type="checkbox"/> 5 entering a car park, private grounds, a track
<input type="checkbox"/> 4 striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/> 6 circulating in a roundabout etc.
<input type="checkbox"/> 5 going in the same direction but in a different lane	<input type="checkbox"/> 7 reversing
<input type="checkbox"/> 6 changing lanes	<input type="checkbox"/> 8 encroaching in the opposite traffic lane
<input type="checkbox"/> 7 overtaking	<input type="checkbox"/> 9 coming from the right (at road junctions)
<input type="checkbox"/> 8 turning to the right	<input type="checkbox"/> 10 not observing a right of way sign
<input type="checkbox"/> 9 turning to the left	
<input type="checkbox"/> 10 reversing	
<input type="checkbox"/> 11 encroaching in the opposite traffic lane	
<input type="checkbox"/> 12 coming from the right (at road junctions)	
<input type="checkbox"/> 13 not observing a right of way sign	

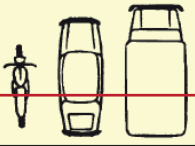
State TOTAL number of spaces marked with a cross: \_\_\_\_\_

**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



A



B

**15. signatures of the drivers**

**A**

\_\_\_\_\_

B

**B**

\_\_\_\_\_

\*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 →

MANDATORY INFORMATION

MANDATORY INFORMATION

MANDATORY INFORMATION