

# ACCIDENT STATEMENT

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

<b>4. Material damage</b>	<b>5. Witnesses: names, addresses, tel.:</b>
other than to vehicles A and B <input type="checkbox"/> objects other than vehicles <input type="checkbox"/>	
no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	

**VEHICLE A**

**6. Insured/policyholder** (see insurance certificate)

NAME: .....

First name: .....

Address: .....

Postal code: ..... Country: .....

Tel. or E-mail: .....

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**7. Vehicle**

MOTOR	TRAILER
Make, type .....	Registration N° .....
Registration N° .....	Country of registration .....
Country of registration .....	Country of registration .....

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**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

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**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**

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

<b>A</b>		<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"/>	← 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: .....

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**7. Vehicle**

MOTOR	TRAILER
Make, type .....	Registration N° .....
Registration N° .....	Country of registration .....
Country of registration .....	Country of registration .....

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**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

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

NAME: .....

First name: .....

Date of birth: .....

Address: .....

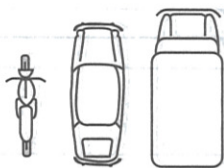

Country: .....

Tel. or E-mail: .....

Driving licence N°: .....

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

Driving licence valid until: .....

<p><b>10. Indicate the point of initial impact to vehicle A by an arrow</b> →</p> 	<div style="background-color: #e0e0e0; width: 100%; height: 100%; border: 1px solid #ccc;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">A</div> </div>	<p><b>10. Indicate the point of initial impact to vehicle B by an arrow</b> →</p> 
<p><b>11. Visible damage to vehicle A:</b></p> <p>.....</p> <p>.....</p>		<p><b>11. Visible damage to vehicle B:</b></p> <p>.....</p> <p>.....</p>

<b>14. My remarks:</b>	<b>15. Signatures of the drivers</b>	<b>14. My remarks:</b>
.....	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="background-color: #0070C0; color: white; padding: 5px; width: 50px; height: 50px; margin: 0 auto;">A</div> </div> <div style="text-align: center;"> <div style="background-color: #FFD700; color: black; padding: 5px; width: 50px; height: 50px; margin: 0 auto;">B</div> </div> </div>	.....