

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

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

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.) _____

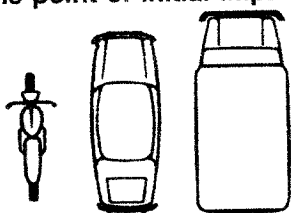
8. insurance company

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

12. circumstances

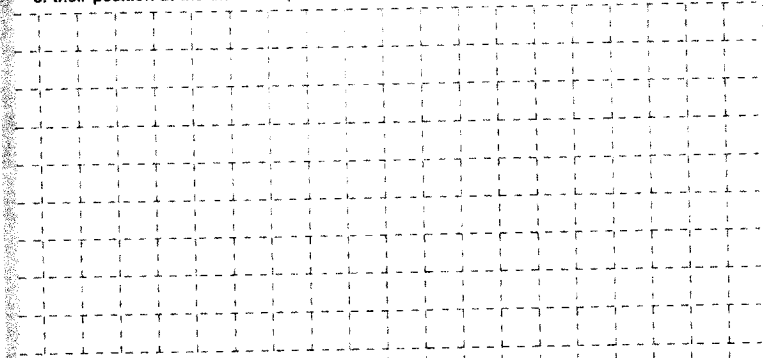
Put a cross (X) in each of the relevant spaces to help explain the plan.

- | | | |
|----|--|----|
| 1 | parked (at the roadside) | 1 |
| 2 | leaving a parking place (at the roadside) | 2 |
| 3 | entering a parking place (at the roadside) | 3 |
| 4 | emerging from a car park, from private grounds, from a track | 4 |
| 5 | entering a car park, private grounds, a track | 5 |
| 6 | entering a roundabout (or similar traffic system) | 6 |
| 7 | circulating in a roundabout etc. striking the rear of the other vehicle while going in the same direction and in the same lane | 7 |
| 8 | going in the same direction but in a different lane | 8 |
| 9 | changing lanes | 9 |
| 10 | overtaking | 10 |
| 11 | turning to the right | 11 |
| 12 | turning to the left | 12 |
| 13 | reversing | 13 |
| 14 | encroaching in the opposite traffic lane | 14 |
| 15 | coming from the right (at road junctions) | 15 |
| 16 | not observing a right of way sign | 16 |
| 17 | | 17 |

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



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.) _____

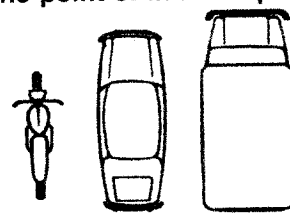
8. insurance company

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

15. signatures of the drivers

A 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