

ACCIDENT STATEMENT

| | | | | |
|---|-------------------|--|----------------------|--|
| 1. Date of accident | Time | 2. Locality : | Place : | 3. Injury(ies) even if slight no <input type="checkbox"/> yes <input type="checkbox"/> |
| 4. Material damage other than to vehicles A and B <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> | | 5. Witnesses : names, addresses, tel.: | | |

VEHICLE A

Insured/policyholder (see insurance certificate)

NAME

First name

Address

Postal code: Country

Tel. or E-mail:

Vehicle

| | |
|-------------------------------|-------------------------------|
| Make, type | Registration N° |
| Registration N° | Registration N° |
| Country of registration | Country of registration |

12. CIRCUMSTANCES

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

| | |
|---|--|
| <p>A</p> <p><input type="checkbox"/> 1 *parked/stopped</p> <p><input type="checkbox"/> 2 *leaving a parking place/ opening the door</p> <p><input type="checkbox"/> 3 entering a parking place</p> <p><input type="checkbox"/> 4 emerging from a car park, from private ground, from track</p> <p><input type="checkbox"/> 5 entering a car park, private ground, a track</p> <p><input type="checkbox"/> 6 entering a roundabout</p> <p><input type="checkbox"/> 7 circulating a roundabout</p> <p><input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane</p> <p><input type="checkbox"/> 9 going in the same direction, but in a different lane</p> <p><input type="checkbox"/> 10 changing lanes</p> <p><input type="checkbox"/> 11 overtaking</p> <p><input type="checkbox"/> 12 turning to the right</p> <p><input type="checkbox"/> 13 turning to the left</p> <p><input type="checkbox"/> 14 reversing</p> <p><input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction</p> <p><input type="checkbox"/> 16 coming from the right (at road junctions)</p> <p><input type="checkbox"/> 17 had not observed a right of way sign or a red light</p> <p><input type="checkbox"/> ← state number of boxes marked with a cross → <input type="checkbox"/></p> | <p>B</p> <p><input type="checkbox"/> 1</p> <p><input checked="" type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p> |
|---|--|

6. Insured/policyholder (see insurance certificate)

NAME

First name

Address

Postal code: Country

Tel. or E-mail:

7. Vehicle

| | |
|-------------------------------|-------------------------------|
| Make, type | TRAILER |
| Registration N° | Registration N° |
| Country of registration | Country of registration |

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

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

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:

9. Driver (see driving licence)

NAME

First name

Date of birth:

Address:

Country:

Tel. or E-mail:

Driving licence N°

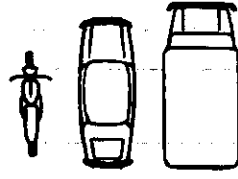
Category (A, B, ...):

Driving licence valid until:

13. Sketch of accident when impact occurred

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

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



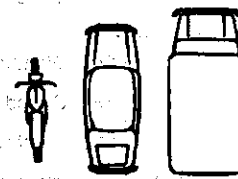
Visible damage to vehicle A:

Signatures of the drivers 15.

.....

.....

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



Visible damage to vehicle B:

My remarks:
.....
.....

14. My remarks:
.....
.....

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A

B

IMPORTANT—PLEASE READ THIS CAREFULLY

Directions for use of the European Accident Statement

GENERAL NOTES

THE OBJECT OF THIS FORM IS TO GET A STATEMENT OF THE FACTS OF THE ACCIDENT AGREED BY EACH DRIVER.

The Continental driver will also have a similar form in his own language and it does not matter which one is completed, BUT you must ensure that you keep either the original or the copy of the completed form to send to your insurer.

(e.g. a Frenchman may fill in his part of his own form in French, leaving you to complete your part of his form in English—you will know what the questions mean by looking at your own form).

INSTRUCTIONS

AT THE SCENE OF THE ACCIDENT

1. Get details of all witnesses before they leave. Complete question 5.
2. Preferably using a ballpoint pen, complete fully either the blue or the yellow part of the Agreed Statement of Facts (you will need to refer to your insurance certificate, green card and driving licence).
3. When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15).
4. Don't forget to—
(a) mark clearly under (10) the point of initial impact.
(b) put a cross (X) in each appropriate square on your side of (12) and state the total number of spaces marked with a cross.
(c) draw a plan of the accident location (13) showing all the information indicated.

UNDER NO CIRCUMSTANCES ALTER ANYTHING ON THE AGREED STATEMENT OF FACTS AFTER COMPLETION

WHEN YOU RETURN HOME

1. **FULLY COMPLETE the Motor Accident Report on the back of the English version of the Agreed Statement of Facts.**
2. **Send the completed Agreed Statement of Facts and Motor Accident Report immediately to your Insurer.**

SPECIAL NOTE

This form may be used even if no other vehicle is involved, for example: own damage, theft, fire, injury to pedestrian. etc.

KEEP THIS FORM (AND A BALLPOINT PEN) IN YOUR CAR

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**European
Accident Statement**

**don't get angry
be polite
keep calm**

see directions for use