FORM

European Accident Statement

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident 2026-05-14

Time 17:20

2. Place Boulevard Mohamed Zerktouni 120, Casablanca, MA

3. Injuries

Injured/slightly injured? [X] no [ ] yes

4. Material damage

to vehicles other than A and B [X] no [ ] yes

to objects other than vehicles [X] no [ ] yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers Fatima Benali, +212 661 000111

VEHICLE A

6. Policyholder/Insured (see insurance certificate)

Surname El Amrani

First name Mohamed

Address Boulevard Mohamed Zerktouni 120, Casablanca

Postcode 20120 Country MA

Phone/ email +212 661 234567

7.1 Motor vehicle

Make, type Dacia Logan

Registration number 44718-A-1

Country of registration MA

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Wafa Assurance

Policy number MA-2026-551083

Green Card number MA/26/551083

Insurance certificate/Green Card valid from 2026-01-01 to 2026-12-31

Agency (office or broker)

Name

Address 1, boulevard Abdelmoumen, 20100 Casablanca

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [ ] no [X] yes

9. Driver (see driving licence)

Surname El Amrani

First name Mohamed

Date of birth 1980-05-02

Address Boulevard Mohamed Zerktouni 120, Casablanca

Postcode 20120 Country MA

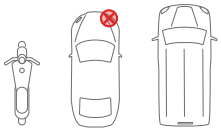
Phone/ email +212 661 234567, m.elamrani@example.com

Driving licence no. MA 4471820

Category (A,B,...) B

Licence valid until 2030-05-02

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

Je traversais tout droit le carrefour Boulevard Mohamed Zerktouni, sur la voie de droite, a environ 40 km/h. Le (...)

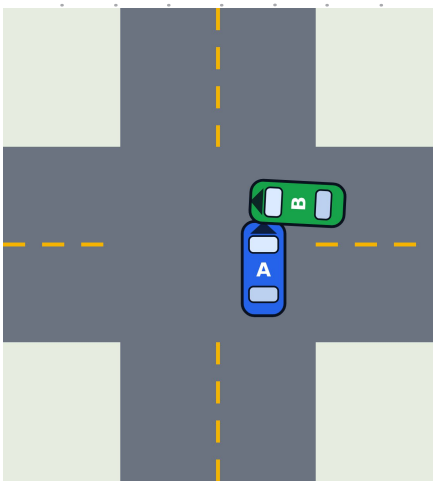
12. Circumstances

Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

	A		B
01	[ ]	was parked / was stationary	[ ]
02	[ ]	was leaving a parking place / was opening a car door	[ ]
03	[ ]	was pulling into a parking place	[ ]
04	[ ]	was leaving a car park, private property or a track	[ ]
05	[ ]	was entering a car park, private property or a track	[ ]
06	[ ]	was entering a roundabout	[ ]
07	[ ]	was driving on a roundabout	[ ]
08	[ ]	struck the rear of the other vehicle while going in the same direction and in the same lane	[ ]
09	[ ]	was going in the same direction, but in a different lane	[ ]
10	[ ]	was changing lanes	[ ]
11	[ ]	was overtaking	[ ]
12	[ ]	was turning right	[ ]
13	[ ]	was turning left	[ ]
14	[ ]	was reversing	[ ]
15	[ ]	was crossing into the oncoming lane	[ ]
16	[ ]	was coming from the right (at a junction)	[X]
17	[ ]	had ignored a priority sign or a red light	[X]
	[ ]	Enter the number of boxes marked with a cross.	2

13. Sketch of the accident at the moment of impact

Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers

A

B

VEHICLE B

6. Policyholder/Insured (see insurance certificate)

Surname Dupont

First name Jean

Address 57 rue de Charonne, Paris

Postcode 75011 Country FR

Phone/ email +33 6 12 34 56 78

7.1 Motor vehicle

Make, type Renault Clio

Registration number AB-447-CD

Country of registration FR

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name AXA France IARD

Policy number FR-2026-884213

Green Card number FR/26/884213

Insurance certificate/Green Card valid from 2026-02-01 to 2027-01-31

Agency (office or broker)

Name

Address 313 Terrasses de l'Arche, 92727 Nanterre Cedex

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [X] no [ ] yes

9. Driver (see driving licence)

Surname Dupont

First name Jean

Date of birth 1982-01-15

Address 57 rue de Charonne, Paris

Postcode 75011 Country FR

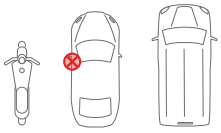
Phone/ email +33 6 12 34 56 78, jean.dupont@example.com

Driving licence no. FR 12B44718

Category (A,B,...) B

Licence valid until 2030-01-15

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks

J'arrivais au carrefour Boulevard Mohamed Zerktouni par la droite, depuis la voie secondaire. J'ai vu le vehicule A trop (...)

Annex - additional details

14. Notes (optional) (A)

Je traversais tout droit le carrefour Boulevard Mohamed Zerktouni, sur la voie de droite, a environ 40 km/h. Le vehicule B est arrive de la droite et ne m'a pas cede le passage. Aile avant droite, pare-chocs et phare droit endommages.

14. Notes (optional) (B)

J'arrivais au carrefour Boulevard Mohamed Zerktouni par la droite, depuis la voie secondaire. J'ai vu le vehicule A trop tard et ne lui ai pas cede le passage. Flanc gauche endommage, au niveau de la portiere avant. Je reconnais ma responsabilite.