

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident: _____ Time: _____

2. Locality: _____ Place: _____

Country: _____

3. Injury(es) even if slight
no yes

4. Material damage
other than to vehicles A and B objects other than vehicles
no yes no yes

5. Witnesses: names, addresses, tel.: _____

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME: _____

First name: _____

Address: _____

Postal code: _____ Country: _____

Tel. or E-mail: _____

7. Vehicle

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

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

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 the drawing
** delete where appropriate*

A 1 * parked/stopped B

2 * leaving a parking place/ opening the door 2

3 entering a parking place 3

4 emerging from a car park, from private ground, from a track 4

5 entering a car park, private ground, a track 5

6 entering a roundabout 6

7 circulating a roundabout 7

8 striking the rear of the other vehicle while going in the same direction and in the same lane 8

9 going in the same direction but in a different lane 9

10 changing lanes 10

11 overtaking 11

12 turning to the right 12

13 turning to the left 13

14 reversing 14

15 encroaching on a lane reserved for circulation in the opposite direction 15

16 coming from the right (at road junctions) 16

17 had not observed a right of way sign or a red light 17

◀ state number of boxes marked with a cross ▶

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

13. Sketch of accident when impact occurred 13.

Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME: _____

First name: _____

Address: _____

Postal code: _____ Country: _____

Tel. or E-mail: _____

7. Vehicle

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

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

9. Driver (see driving licence)

NAME: _____

First name: _____

Date of birth: _____

Address: _____

Country: _____

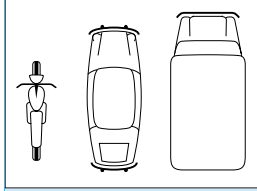
Tel. or E-mail: _____

Driving licence n°: _____

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

Driving licence valid until: _____

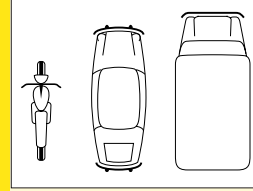
10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

14. My remarks:

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



11. Visible damage to vehicle B:

14. My remarks:

15. Signatures of the drivers 15.

A

B

The data provided on this form will be used to process the accident claim and to supplement the statement of the insured. It is the responsibility of the insured to provide accurate information. The data may then be reported to the RSE (Special Risk) file of the Economic Interest Grouping (EIG) Database to enable a paper risk analysis and control insurance fraud. Upon providing proof of their identity, or your own consent and/or ready your personal data by providing their name or, depending on the case in question, Database, T.O. de, signed, dated request, accompanied by a photocopy of the policyholders identity card, must be submitted to the insurer or a Database, 20 Square de Meise, B-1000 Brussels.