ACCIDENT STATEMENT

1. Date of accident:	Time:	2. Locality:	·		7,7,4,7,5,5				
Country:									
4 Material damage: other than to vehicles A and B objects other than vehicles				5. Witnesses: names, addresses, tel:					
other than to vehicles A and B objects other than vehicles no yes no yes per one yes no yes no yes									
VEHICLE A			12. CIRCUMSTANCES			VEHICLE B			
6. Insured/policyholder (see insurance certificate):				Put a cross in each of the rele	evant	6. Insured	/policyholder (see	insurance certificate):	
NAME:			▼	boxes to help explain the drawing		NAME:			
First name:			A *delete where appropriate D		First name:				
Address:							Address:		
Postal code:Country:			□ 1	1 *parked/stopped 1 Postal code:Country:			ntry:		
Tel. or E-mail:				2 *leaving a parking place/ 2			Tel. or E-mail:		
7. Vehicle				opening the door 7. Vehicle					
MOTOR TRAILER			<u> </u>	3 entering a parking place 3			MOTOR TRAILER		
Make, type	Make, type	:	□ 4	emerging from a car park		Make, type		Make, type	
Year of Manufacture	Year of Ma	nufacture		from private ground, from a t	rack			Year of Manufacture	
		nuracture 	5 entering a car park, 5		Year of Mai	nufacture	Year of Manufacture		
Registration N°	Registratio	n N°	private ground, a track		Registration		Registration N°		
Country of registration			6			Country of registration			
Country of registration	'	registration	7	circulating a roundabout	7	Country of	registration	Country of registration	
8. Insurance company (see insurance certificate):			\sqcap .	striking the rear of the other v	vehicle 8			nsurance certificate):	
			while going in the same direction and in the same lane						
Policy N°:						NAME:			
Green Card N°:			9 going in the same direction 9 but in a different lane			Policy N°:			
Insurance Certificate or Green Card valid					10		Insurance Certificate or Green Card valid		
from: to:			10	changing lanes	10	from:			
Agency (or bureau, or broker):			11	overtaking	11	Agency (or	ency (or bureau, or broker):		
NAME:			12	turning to the right	12	NAME:	NAME:		
Address:			13	turning to the left	13	Address:			
Country:			 14	reversing	14		Country:		
Tel. or E-mail:				encroaching on a lane					
Does the policy cover material damage to the vehicle?			reserved for circulation			Does the policy cover material damage to the vehicle?			
no 📙 yes 📙			in the opposite direction			no 🗌 yes 🗌			
9. Driver (see driving licence):			16	16 coming from the right 16 (at road junctions)			9. Driver (see driving licence):		
NAME:			17 had not observed a right 17			NAME:			
First name:			of way sign or a red light			First name:			
Date of birth:						Date of birth:			
Address:			state number of boxes marked with a cross						
Tel. or E-mail:			Must be signed by BOTH drivers			Tel. or E-mail:			
Driving licence n°:			Wust de signed by BUTH 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						
Category (A, B,):			13. Sketch of accident when impact occurred 13.			Driving licence n°:			
Driving licence valid until:			Indicate	: 1. the layout of the road, 2. by arrows the direction of	of the vehicles A, B				
10. Indicate the point of			3. their pos	itions at the time of impact, 4. the road signs, 5. names	s of the streets or roads			10. Indicate the point of	
initial impact to vehicle A								initial impact to vehicle B	
by an arrow →		ļļ						by an arrow →	
11. Visible damage								11. Visible damage	
to vehicle A:								to vehicle B:	
14. My remarks:			15.	Signatures of the drivers	15.	14. My rem	narks:		
			АВ						
					В				