



Accident Report

Does **not** constitute an admission of liability, just a statement of identity and the circumstances.

1 Date of accident Time **2** Locality · Country · Place **3** Injuries 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
 Surname
 First name
 Address
 Postcode Country
 Tel. or e-mail

7 Vehicle
Motor: **Trailer:**
 Make, type
 Registration No.
 Country of registration

8 Insurance company (see insurance certificate)
 Surname
 Policy No.
 Green Card No.
 Insurance Certificate
 or Green Card valid from to
 Agency (or bureau, or broker)

Address
 Country
 Tel. or e-mail

Does the policy cover material damage to the vehicle? no yes

9 Driver (see driving licence)
 Surname
 First name
 Date of birth

Address
 Country
 Tel. or email

Driving licence No.
 Category (A, B, ...)

Driving licence valid until:



11 Visible damage to vehicle A:

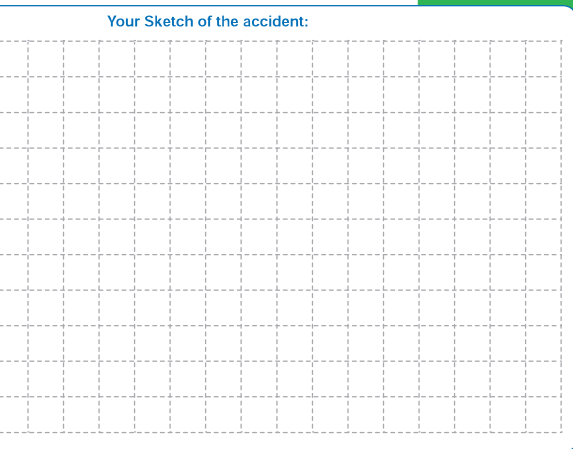
14 My remarks:

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

A	What happened?	B
1	* parked / stopped	1
2	* leaving a parking space / opening a vehicle door	2
3	entering a parking space	3
4	*emerging from a parking space, from private premises, from a track	4
5	*entering a parking space, private premises, a track	5
6	entering a roundabout	6
7	circulating a roundabout	7
8	striking the rear of the other vehicle in the same line of traffic and travelling in the same direction	8
9	going in the same direction but in a different line of traffic	9
10	changing lines of traffic	10
11	overtaking	11
12	turning to the right	12
13	turning to the left	13
14	reversing	14
15	changing to a lane reserved for traffic in the opposite direction	15
16	coming from the right (at a junction)	16
17	had not observed a priority sign or a red light	17

← State the number of boxes marked with a cross →

13 Sketch of accident when impact occurred
 Complete your sketch later: www.AccidentSketch.com
 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



15 Signatures of the drivers

A → ← **B**

Vehicle B

6 Insured/policyholder* * see insurance certificate
 Surname
 First name
 Address
 Postcode Country
 Tel. or e-mail

7 Vehicle
Motor: **Trailer:**
 Make, type
 Registration No.
 Country of registration

8 Insurance company (see insurance certificate)
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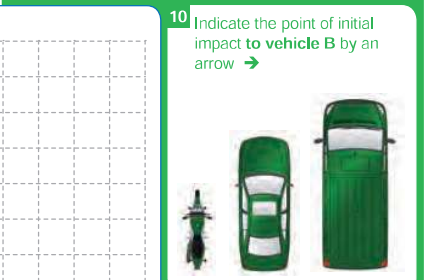
Does the policy cover material damage to the vehicle? no yes

9 Driver (see driving licence)
 Surname
 First name
 Date of birth

Address
 Country
 Tel. or email

Driving licence No.
 Category (A, B, ...)

Driving licence valid until:



11 Visible damage to vehicle B:

14 My remarks: