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 _____

Time _____

2. Place _____

3. Injuries

Injured/slightly injured? ☐ no ☐ yes

4. Material damage

to vehicles other than A and B ☐ no ☐ yes

to objects other than vehicles ☐ no ☐ yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers _____

VEHICLE A

6. Policyholder/Insured
(see insurance certificate)

Surname _____

First name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

7.1 Motor vehicle

Make, type _____

Registration number

_____

Country of registration _____

7.2 Trailer

Registration number

_____

Country of registration _____

8. Insurance company
(see insurance certificate)

Company name _____

Policy number _____

Green Card number _____

Insurance certificate/Green Card valid

from _____ to _____

Agency (office or broker) _____

Name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

Is damage to the vehicle insured under the policy?

☐ no ☐ yes

9. Driver (see driving licence)

Surname _____

First name _____

Date of birth _____

Address _____

Postcode _____ Country _____

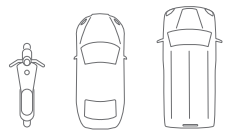
Phone/ email _____

Driving licence no. _____

Category (A,B,...) _____

Licence valid until _____

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



11. Visible damage to vehicle A

_____

_____

14. Remarks

_____

_____

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

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 _____

First name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

7.1 Motor vehicle

Make, type _____

Registration number

_____

Country of registration _____

7.2 Trailer

Registration number

_____

Country of registration _____

8. Insurance company
(see insurance certificate)

Company name _____

Policy number _____

Green Card number _____

Insurance certificate/Green Card valid

from _____ to _____

Agency (office or broker) _____

Name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

Is damage to the vehicle insured under the policy?

☐ no ☐ yes

9. Driver (see driving licence)

Surname _____

First name _____

Date of birth _____

Address _____

Postcode _____ Country _____

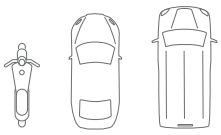
Phone/ email _____

Driving licence no. _____

Category (A,B,...) _____

Licence valid until _____

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



11. Visible damage to vehicle B

_____

_____

14. Remarks

_____

_____