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 Trondheimsveien 210, Oslo, NO

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 Kari Hansen, +47 401 00 111

VEHICLE A

6. Policyholder/Insured (see insurance certificate)

Surname Nordmann

First name Ola

Address Trondheimsveien 210, Oslo

Postcode 0964 Country NO

Phone/ email +47 412 34 567

7.1 Motor vehicle

Make, type Volvo XC60

Registration number AB 44718

Country of registration NO

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Gjensidige Forsikring ASA

Policy number NO-2026-551083

Green Card number NO/26/551083

Insurance certificate/Green Card valid

from 2026-01-01 to 2026-12-31

Agency (office or broker)

Name

Address Schweigaards gate 21, 0185 Oslo

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[ ] no [X] yes

9. Driver (see driving licence)

Surname Nordmann

First name Ola

Date of birth 1981-09-05

Address Trondheimsveien 210, Oslo

Postcode 0964 Country NO

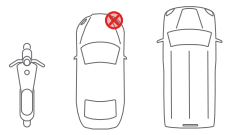
Phone/ email +47 412 34 567, ola.nordmann@example.com

Driving licence no. NO 5510842

Category (A,B,...) B

Licence valid until 2031-09-05

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



11. Visible damage to vehicle A

14. Remarks

Jeg kjorte rett fram over krysset i Trondheimsveien i hoyre kjorefelt i omtrent 40 km/t. Kjoretoy B kom fra hoyre og (...)

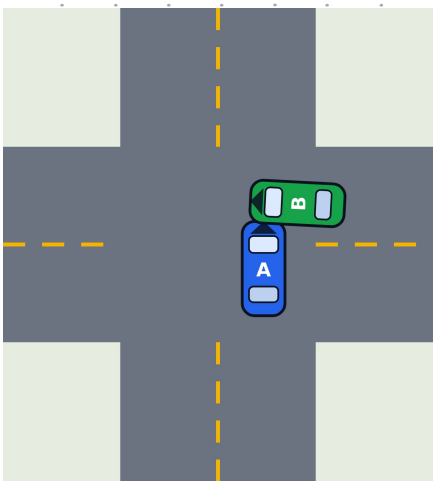
12. Circumstances

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)	[X] 16
17	[ ]	had ignored a priority sign or a red light	[X] 17
	[ ]	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 Svensson

First name Sven

Address Sveavagen 112, Stockholm

Postcode 113 46 Country SE

Phone/ email +46 70 123 45 67

7.1 Motor vehicle

Make, type Volvo V60

Registration number ABC 447

Country of registration SE

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Folksam

Policy number SE-2026-114770

Green Card number SE/26/114770

Insurance certificate/Green Card valid

from 2026-02-01 to 2027-01-31

Agency (office or broker)

Name

Address Bohusgatan 14, 106 60 Stockholm

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[X] no [ ] yes

9. Driver (see driving licence)

Surname Svensson

First name Sven

Date of birth 1979-06-11

Address Sveavagen 112, Stockholm

Postcode 113 46 Country SE

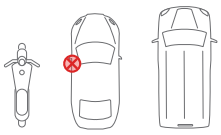
Phone/ email +46 70 123 45 67, sven.svensson@example.com

Driving licence no. SE 8842130

Category (A,B,...) B

Licence valid until 2028-06-11

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



11. Visible damage to vehicle B

14. Remarks

Jag narmade mig korsningen med Trondheimsveien fran hoger, fran den underordnade vagen. Jag sag fordon A for (...)

Annex - additional details

14. Notes (optional) (A)

Jeg kjorte rett fram over krysset i Trondheimsveien i hoyre kjorefelt i omtrent 40 km/t. Kjoretoy B kom fra hoyre og overholdt ikke vikeplikten. Skader pa hoyre forskjerm, stotfanger og hoyre frontlykt.

14. Notes (optional) (B)

Jag narmade mig korsningen med Trondheimsveien fran hoger, fran den underordnade vagen. Jag sag fordon A for sent och lamnade inte foretrade. Skador pa vanster sida vid framdorren. Jag erkanner vallandet.