

agreed statement of facts on motor vehicle accident

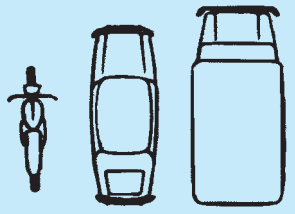
Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

1. date of accident _____ time _____	2. place (exact location of accident) _____	3. injuries even if slight <input type="checkbox"/> no <input type="checkbox"/> yes *
4. property damage other than to the vehicles A and B <input type="checkbox"/> no <input type="checkbox"/> yes *	5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

vehicle A	12. circumstances Put a cross (X) in each of the relevant spaces to help explain the plan.	vehicle B
6. insured policyholder (see insurance cert.) Name (capital letters) _____ First name _____ Address _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes	A <input type="checkbox"/> 1 parked (at the roadside) <input type="checkbox"/> 2 leaving a parking place (at the roadside) <input type="checkbox"/> 3 entering a parking place (at the roadside) <input type="checkbox"/> 4 emerging from a car park, from private grounds, from a track <input type="checkbox"/> 5 entering a car park, private grounds, a track <input type="checkbox"/> 6 entering a roundabout (or similar traffic system) <input type="checkbox"/> 7 circulating in a roundabout etc. <input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane <input type="checkbox"/> 9 going in the same direction but in a different lane <input type="checkbox"/> 10 changing lanes <input type="checkbox"/> 11 overtaking <input type="checkbox"/> 12 turning to the right <input type="checkbox"/> 13 turning to the left <input type="checkbox"/> 14 reversing <input type="checkbox"/> 15 encroaching in the opposite traffic lane <input type="checkbox"/> 16 coming from the right (at road junctions) <input type="checkbox"/> 17 not observing a right of way sign ← State TOTAL number of spaces marked with a cross →	6. insured policyholder (see insurance cert.) Name (capital letters) _____ First name _____ Address _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes
7. vehicle Make, type _____ Registration No. (or engine No.) _____		7. vehicle Make, type _____ Registration No. (or engine No.) _____
8. insurance company Policy No. _____ Agent (or broker) _____ Green Card No. (if issued) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes		8. insurance company Policy No. _____ Agent (or broker) _____ Green Card No. (if issued) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes
9. driver (see driving licence) Name (capital letters) _____ First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____		9. driver (see driving licence) Name (capital letters) _____ First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____

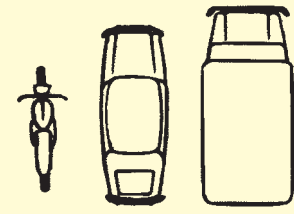
10. indicate by an arrow the point of initial impact



11. visible damage

13. plan of the accident
 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

10. indicate by an arrow the point of initial impact



11. visible damage

14 remarks

15. signatures of the drivers

A **B**

14 remarks

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf. Do not alter anything in the statement after signature and the separation of the copies for the two drivers. For Insured's accident report see back →

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MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers

(Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one state all) _____					
Insured Vehicle	2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark	
	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs					
	3 Are you the Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state Owner's name and address _____		
	4 Exact purpose for which vehicle was being used at time of accident _____					
	5 Is the vehicle still in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present _____ Tel. No. _____		
	6 Name and address of Finance Company (if any) _____					
Driver or Person in charge of Vehicle (if the Insured complete this section as appropriate)	7 Date of Birth	Occupation (if more than one, state all)	Date driving test passed	Was he driving with your permission?	Was he your employee?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any impairment of sight or hearing and of any other disability _____					
	9 Full details of all driving convictions including pending prosecutions					
	Date	Offence	Penalty			
Injured Persons	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?	
Damage to Property & Vehicles (other than vehicles 'A' & 'B' overleaf)	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)	
Police Action	12 Was the accident reported to Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, give station and P.C.'s name and number _____					
	13 Was warning of prosecution given?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes against whom? _____						
Accident Details	14 Weather Conditions _____					
	15 Speed of vehicles	A <input type="text"/>	B <input type="text"/>			
	16 What warnings were given by driver or other party? _____					
	17 Were street lights illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	18 What lights were displayed on your vehicle/the other vehicle(s)? _____					
	19 If your vehicle is commercial state weight of load carried at time of accident _____					
20 State how accident happened, indicating width of roads, speed limits, etc. _____ _____ _____						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Insured's Signature _____				Date _____	

IMPORTANT - PLEASE READ THIS CAREFULLY

Directions for use of the European Accident Statement

GENERAL NOTES

THE OBJECT OF THIS FORM IS TO GET A STATEMENT OF THE FACTS OF THE ACCIDENT AGREED BY EACH DRIVER.

The Continental driver will also have a similar form in his own language and it does not matter which one is completed, **BUT** you must ensure that you keep either the original or the copy of the completed form to send to your insurer.

(e.g. a Frenchman may fill in his part of his own form in French, leaving you to complete your part of his form in English – you will know what the questions mean by looking at your own form).

INSTRUCTIONS

AT THE SCENE OF THE ACCIDENT

1. Get details of all witnesses before they leave.
Complete question 5.
2. Preferably using a ballpoint pen, complete fully either the blue or the yellow part of the Agreed Statement of Facts (you will need to refer to your insurance certificate, green card and driving licence).
3. When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15).
4. Don't forget to -
 - (a) mark clearly under (10) the point of initial impact.
 - (b) put a cross (X) in each appropriate square on your side of (12) and state the total number of spaces marked with a cross.
 - (c) draw a plan of the accident location (13) showing all the information indicated.

UNDER NO CIRCUMSTANCES ALTER ANYTHING ON THE AGREED STATEMENT OF FACTS AFTER COMPLETION

WHEN YOU RETURN HOME

1. **FULLY COMPLETE the Motor Accident Report on the back of the English version of the Agreed Statement of Facts.**
2. **Send the completed Agreed Statement of Facts and Motor Accident Report immediately to your Insurer.**

SPECIAL NOTE

This form may be used even if no other vehicle is involved, for example: own damage, theft, fire, injury to pedestrian, etc.

KEEP THIS FORM (AND A BALLPOINT PEN) IN YOUR CAR

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European Accident Statement

don't get angry

be polite

keep calm

see directions for use