

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 <input type="checkbox"/> yes <input type="checkbox"/>
4 Material damage other than to vehicles A and B: no <input type="checkbox"/> yes <input type="checkbox"/>		5 Witnesses: names, addresses, tel.	
objects other than vehicles: no <input type="checkbox"/> yes <input type="checkbox"/>			

Vehicle A

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

7 Vehicle

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

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14 My remarks:

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Circumstances

12 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 **15**

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Vehicle B

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

7 Vehicle

Motor: Make, type	Trailer:
Registration No.	Registration No.
Country of registration	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)

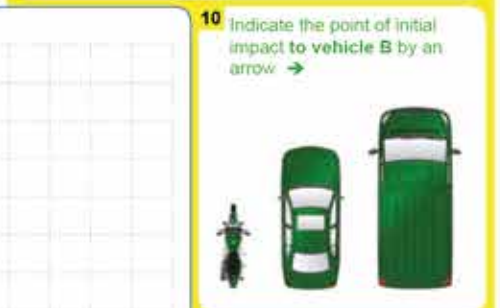
Address
Country
Tel. or e-mail

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 B:

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14 My remarks:

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