

ACCIDENT STATEMENT

1. Date of accident _____	Time _____	2. Locality : _____	Place: _____	3. Injury(ies) even if slight
		Country: _____		no <input type="checkbox"/> yes <input type="checkbox"/>

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)
 NAME _____
 First name _____
 Address _____
 Postal code: _____ Country _____
 Tel. or E-mail _____

7. Vehicle

MOTOR	TRAILER
Make, type _____	
Registration N° _____	Registration N° _____
Country of registration _____	Country of registration _____

8. Insurance company (see insurance certificate)
 NAME _____
 Policy No _____
 Green Card No _____
 Insurance Certificate _____
 or Green Card valid from: _____ to: _____
 Agency (or bureau, or broker): _____
 NAME _____
 Address _____
 _____ Country: _____
 Tel. or E-mail: _____
 Does the policy cover material damage to the vehicle?
 no yes

9. Driver (see driving licence)
 NAME _____
 First Name _____
 Date of Birth: _____
 Address _____
 _____ Country: _____
 Tel. or E-mail: _____
 Driving Licence N°. _____
 Category (A, B,): _____
 Driving licence valid until: _____

12. CIRCUMSTANCES

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

↓				↓
A				B
<input type="checkbox"/>	1	*parked/stopped	<input type="checkbox"/>	1
<input type="checkbox"/>	2	*leaving a parking place/ opening the door	<input type="checkbox"/>	2
<input type="checkbox"/>	3	entering a parking place	<input type="checkbox"/>	3
<input type="checkbox"/>	4	emerging from a car park, from private ground, from track	<input type="checkbox"/>	4
<input type="checkbox"/>	5	entering a car park, private ground, a track	<input type="checkbox"/>	5
<input type="checkbox"/>	6	entering a roundabout	<input type="checkbox"/>	6
<input type="checkbox"/>	7	circulating a roundabout	<input type="checkbox"/>	7
<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"/>	8
<input type="checkbox"/>	9	going in the same direction but in a different lane	<input type="checkbox"/>	9
<input type="checkbox"/>	10	changing lanes	<input type="checkbox"/>	10
<input type="checkbox"/>	11	overtaking	<input type="checkbox"/>	11
<input type="checkbox"/>	12	turning to the right	<input type="checkbox"/>	12
<input type="checkbox"/>	13	turning to the left	<input type="checkbox"/>	13
<input type="checkbox"/>	14	reversing	<input type="checkbox"/>	14
<input type="checkbox"/>	15	encroaching on a lane reserved for circulation in the opposite direction	<input type="checkbox"/>	15
<input type="checkbox"/>	16	coming from the right (at road junctions)	<input type="checkbox"/>	16
<input type="checkbox"/>	17	had not observed a right of way sign or a red light	<input type="checkbox"/>	17
<input type="checkbox"/>	←	state number of boxes marked with a cross	<input type="checkbox"/>	→

Must be signed by both drivers
Does not constitute an admission of liability, but a summary of identities and the facts which will speed up the settlement of claims

VEHICLE B

6. Insured/policyholder (see insurance certificate)
 NAME _____
 First name _____
 Address _____
 Postal code: _____ Country _____
 Tel. or E-mail _____

7. Vehicle

MOTOR	TRAILER
Make, type _____	
Registration N° _____	Registration N° _____
Country of registration _____	Country of registration _____

8. Insurance company (see insurance certificate)
 NAME _____
 Policy No _____
 Green Card No _____
 Insurance Certificate _____
 or Green Card valid from: _____ to: _____
 Agency (or bureau, or broker): _____
 NAME _____
 Address _____
 _____ Country: _____
 Tel. or E-mail: _____
 Does the policy cover material damage to the vehicle?
 no yes

9. Driver (see driving licence)
 NAME _____
 First Name _____
 Date of Birth: _____
 Address _____
 _____ Country: _____
 Tel. or E-mail: _____
 Driving Licence N°. _____
 Category (A, B,): _____
 Driving licence valid until: _____

10. Indicate the point of initial impact to vehicle A by an arrow →

11. Visible damage to vehicle A:

10. Indicate the point of initial impact to vehicle B by an arrow →

11. Visible damage to vehicle B:

14. My remarks

15. Signature of the drivers

14. My remarks

A

B

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 _____	
	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	Offense	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 the 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, including width of roads, speed limits, etc _____				

Declaration	I/We declare the foregoing particulars are true in every respect					
	Insured's Signature _____				Date _____	

ACCIDENT STATEMENT

Sheet 2/2

1. Date of accident _____ **Time** _____

2. Locality : Place: _____
Country: _____

3. Injury(ies) 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)
NAME _____
First name _____
Address _____
Postal code: _____ Country _____
Tel. or E-mail _____

7. Vehicle

MOTOR	TRAILER
Make, type _____	
Registration N° _____	Registration N° _____
Country of registration _____	Country of registration _____

8. Insurance company (see insurance certificate)
NAME _____
Policy No _____
Green Card No _____
Insurance Certificate _____
or Green Card valid from: _____ to: _____
Agency (or bureau, or broker): _____
NAME _____
Address _____
Country: _____
Tel. or E-mail: _____
Does the policy cover material damage to the vehicle?
no yes

9. Driver (see driving licence)
NAME _____
First Name _____
Date of Birth: _____
Address _____
Country: _____
Tel. or E-mail: _____
Driving Licence N° _____
Category (A, B, ...): _____
Driving licence valid until: _____

12. CIRCUMSTANCES

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

↓ A	↓ B
<input type="checkbox"/> 1 *parked/stopped	<input type="checkbox"/> 1
<input type="checkbox"/> 2 *leaving a parking place/ opening the door	<input type="checkbox"/> 2
<input type="checkbox"/> 3 entering a parking place	<input type="checkbox"/> 3
<input type="checkbox"/> 4 emerging from a car park, from private ground, from track	<input type="checkbox"/> 4
<input type="checkbox"/> 5 entering a car park, private ground, a track	<input type="checkbox"/> 5
<input type="checkbox"/> 6 entering a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7 circulating a roundabout	<input type="checkbox"/> 7
<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"/> 8
<input type="checkbox"/> 9 going in the same direction but in a different lane	<input type="checkbox"/> 9
<input type="checkbox"/> 10 changing lanes	<input type="checkbox"/> 10
<input type="checkbox"/> 11 overtaking	<input type="checkbox"/> 11
<input type="checkbox"/> 12 turning to the right	<input type="checkbox"/> 12
<input type="checkbox"/> 13 turning to the left	<input type="checkbox"/> 13
<input type="checkbox"/> 14 reversing	<input type="checkbox"/> 14
<input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction	<input type="checkbox"/> 15
<input type="checkbox"/> 16 coming from the right (at road junctions)	<input type="checkbox"/> 16
<input type="checkbox"/> 17 had not observed a right of way sign or a red light	<input type="checkbox"/> 17
<input type="checkbox"/> ← state number of boxes marked with a cross → <input type="checkbox"/>	

VEHICLE B

6. Insured/policyholder (see insurance certificate)
NAME _____
First name _____
Address _____
Postal code: _____ Country _____
Tel. or E-mail _____

7. Vehicle

MOTOR	TRAILER
Make, type _____	
Registration N° _____	Registration N° _____
Country of registration _____	Country of registration _____

8. Insurance company (see insurance certificate)
NAME _____
Policy No _____
Green Card No _____
Insurance Certificate _____
or Green Card valid from: _____ to: _____
Agency (or bureau, or broker): _____
NAME _____
Address _____
Country: _____
Tel. or E-mail: _____
Does the policy cover material damage to the vehicle?
no yes

9. Driver (see driving licence)
NAME _____
First Name _____
Date of Birth: _____
Address _____
Country: _____
Tel. or E-mail: _____
Driving Licence N° _____
Category (A, B, ...): _____
Driving licence valid until: _____

Must be signed by both drivers
Does not constitute an admission of liability, but a summary of identities and the facts which will speed up the settlement of claims

13. Sketch of accident when impact occurred 13.

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 streets or roads

10. Indicate the point of initial impact to vehicle A by an arrow →

11. Visible damage to vehicle A:

14. My remarks

10. Indicate the point of initial impact to vehicle B by an arrow →

11. Visible damage to vehicle B:

14. My remarks

15. Signature of the drivers

A **B**

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 _____	
	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	Offense	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 the 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, including 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 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 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