ACCIDENT STATEMENT

Date of accident:	Time:	2. Locality:	Place:		3. Injury(ies) e	ven if slight:]		
		Country:	-			yes			
			Witnesses: names addresses tel:						
4. Material damage: other than to vehicles A and B objects other than vehicles				Withesses. Hallies, addresses, tel					
no yes	no 🔝	yes							
VEHICLE A			12. CIRCUMSTANCES			VEHICLE B			
6. Insured/policyholder (see insurance certificate):			- But a service and of the substant			6. Insured/policyholder (see insurance certificate):			
NAME:			Put a cross in each of the relevant boxes to help explain the drawing			NAME:			
First name:			Α	*delete where appropriate	В	B First name:			
Address:									
Postal code: Country:				*	, _	Postal code: Country:			
Tel. or e-mail:			1	*parked / stopped	1 🔲	Tel. or e-mail:			
			2	*leaving a parking place / opening the door	2				
7. Vehicle			☐ 3		3 🗆	7. Vehicle			
MOTOR Make, type	Make, type	TRAILER		entering a parking place emerging from a car park		Make, type	MOTOR	Make, type	
Widne, type	iviake, type	-	4	from private ground, from fi	eld, 4	widke, type		Wake, type	
Year of manufacture	Year of ma	nufacture		forrest track and the like entering a car park,		Year of mar	nufacture	Year of manufacture	
Registration N°	Registratio	n N°	5	private ground, a field, forrest and the like	track ⁵	Registration	ı N°	Registration N°	
		············	☐ 6	entering a roundabout	6 🖂				
Country of registration	Country of	registration	7	-		· ·	registration	Country of registration	
				circulating a roundabout	ohido —				
8. Insurance company (see insurance certificate):			8	while going in the same direction			ce company (see i	insurance certificate):	
NAME:			and in the same lane			NAME:			
Policy N°:			g going in the same direction 9			Policy N°:			
Green Card N°:				but in a different lane		Green Card N°:			
Insurance Certificate or Green Card valid			10	changing lanes	10		Insurance Certificate or Green Card valid		
from: to:			11	overtaking	11 🗍	from: to:			
Agency (or bureau, or broker):			12	turning to the right	12 🗍	Agency (or bureau, or broker):			
NAME:				turning to the right	12 [NAME:			
Address:			13	turning to the left	13	Address:			
Tel. or e-mail:			14	reversing	14	Tel. or e-mail:			
Does the policy cover material damage to the vehicle?				encroaching on a lane	hing on a lane				
no yes			15 reserved for circulation 15 in the opposite direction			Does the policy cover material damage to the vehicle? no yes			
9. Driver (see driving licence):			16						
NAME:			(at road junctions)						
First name:			17 had not observed a right of way sign or a red light 17			NAME: First name:			
Date of birth:			— or way sign or a red light —			Date of birth:			
Address:						Address:			
Country:			state number of boxes marked with a cross			Country:			
Tel. or e-mail:			Must be signed by BOTH drivers (see 15.)			Tel. or e-mail:			
Driving licence n°:			Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.			Driving licence n°:			
Category (A, B,):			13. Sketch of accident when impact occurred 13.			Category (A, B,):			
Driving licence valid until:				Indicate: 1. the layout of the road, 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact, 4. the road signs, 5. names of the streets or roads			Driving licence valid until:		
10. Indicate the point of			Si tileli positi	ons at the time of impact, it do rous signs, s. main	ics of the streets of foods			10. Indicate the point of	
initial impact to vehicle A								initial impact to vehicle B	
by an arrow →								by an arrow →	
V									
11. Visible damage								11. Visible damage	
to vehicle A:								to vehicle A:	
								•	
My remarks:			15.	15. Signatures of the drivers 15.			14. My remarks:		
			Α		В	***************************************			