
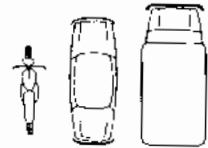


Accident statement

1. Date of accident Time _____	2. Locality (Place and Country) _____	3. Injury (es) * even if slight <input type="checkbox"/> No <input type="checkbox"/> Yes																																																									
4. Material damage* other than to vehicles A and B <input type="checkbox"/> No <input type="checkbox"/> Yes	5. Witnesses Names, Id-number, address, tel. _____																																																										
<div style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">VEHICLE A</div> 6. Insured/policyholder (see insurance certificate) NAME ID-Numer Address Postal code Country Tel. or E-mail	<div style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">12. CIRCUMSTANCES</div> <div style="text-align: center; font-weight: bold;">Put a cross in each of the relevant boxes to help explain the drawing <small>*delete where appropriate</small></div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">A</td> <td style="width:90%;"></td> <td style="width:5%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td>*parked/stopped</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>*leaving a parking place/ opening the door</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>entering a parking place</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td>emerging from, a car park, from private ground, from a track</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>entering a car park, private ground, a track</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 6</td> <td>entering a roundabout</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 7</td> <td>circulating a roundabout</td> <td style="text-align: center;"><input type="checkbox"/> 7</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 8</td> <td>striking the rear of the other vehicle while going in the same direction and in the same lane</td> <td style="text-align: center;"><input type="checkbox"/> 8</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 9</td> <td>going in the same direction but in a different lane</td> <td style="text-align: center;"><input type="checkbox"/> 9</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 10</td> <td>changing lanes</td> <td style="text-align: center;"><input type="checkbox"/> 10</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 11</td> <td>overtaking</td> <td style="text-align: center;"><input type="checkbox"/> 11</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 12</td> <td>turning to the right</td> <td style="text-align: center;"><input type="checkbox"/> 12</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 13</td> <td>turning to the left</td> <td style="text-align: center;"><input type="checkbox"/> 13</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 14</td> <td>reversing</td> <td style="text-align: center;"><input type="checkbox"/> 14</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 15</td> <td>encroaching on a lane reserved for circulation in the opposite direction</td> <td style="text-align: center;"><input type="checkbox"/> 15</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 16</td> <td>coming from the right (at road junctions)</td> <td style="text-align: center;"><input type="checkbox"/> 16</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 17</td> <td>had not observed a right of way sign or a red light</td> <td style="text-align: center;"><input type="checkbox"/> 17</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">State number of boxes marked with a cross</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: center; font-size: small;">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</p>	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 a 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"/>	<div style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">VEHICLE B</div> 6. Insured/policyholder (see insurance certificate) NAME ID-Numer Address Postal code Country Tel. or E-mail
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7. Vehicle MOTOR Make, type Registration N° Country of registration	7. Vehicle MOTOR Make, type Registration N° Country of registration																																																										
8. Insurance company (see insurance certificate) Name Policy N° Green Card N° Insurance Certificate or Green Card valid from to Does the policy cover material damage to the vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes	8. Insurance company (see insurance certificate) Name Policy N° Green Card N° Insurance Certificate or Green Card valid from to Does the policy cover material damage to the vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes																																																										
9. Driver (See driving licence) NAME ID-Numer Address Postal code Country Tel. or E-mail Driving licence n° Category (A, B) Driving licence valid until	9. Driver (See driving licence) NAME ID-Numer Address Postal code 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 	10. Indicate the point of initial impact to vehicle B by an arrow 																																																										
11. Visible damage to vehicle A	11. Visible damage to vehicle B																																																										
14. My remarks	14. My remarks																																																										
15. Signatures of the drivers A _____ B _____	15. Signatures of the drivers _____ _____																																																										

TO BE KEPT IN THE VEHICLE

ACCIDENT STATEMENT FOR VEHICLES

To be used in connection with **any** damage relating to vehicles.
The accident statement shall always be kept in the vehicle.

GUIDELINES FOR USE

When should the accident statement be used?

The accident statement conforms to the European version and such statements are used in most Western European countries. The accident statement should be used in respect of damage to vehicles or damage that may be traced to vehicles. **The police should be called in instances of injury to people.**

Collision

One set of the accident statement should be used in the instance of a collision between two vehicles. If more than two vehicles are involved in a collision, more than one set of the statement must be used. In such an instance information about **all** the vehicles should be entered to the extent possible in every set used and the statements shall be signed by all drivers. The location of every vehicle at the scene (identified as A, B, C, D etc.) shall be marked in the appropriate box (Item 13 in the accident statement).

Vehicle driven off the road, vehicle hits pedestrian, etc.

In the instance of only one vehicle being involved, for example, a vehicle is driven off the road, a vehicle hits a pedestrian, a vehicle burns or is stolen, only the left side (A) of the front page shall be filled out, as well as the back page.

At the venue

Driver A and driver B shall both fill out the front page of the accident statement in respect of their vehicles. The names and addresses of potential witnesses shall be listed (Item 5), which is highly important if the drivers disagree on the circumstances of the accident. An x should be entered at the relevant location in Item 12. The boxes on the left side apply to vehicle A, whereas the right side applies to vehicle B. The number of boxes entered must be specified for each vehicle. Remember to identify the vehicles as A and B on the figure (Item 13) illustrating the location of the vehicles. The accident statement shall be signed by both drivers, who shall each have a copy of the statement.

Completing the accident statement

The parties involved should finalize filling out the accident statement at their earliest convenience. No changes or additions may be made to the front page of the statement after the parties have signed it. The parties should then bring the accident statement to their insurance companies as soon as possible.

Collision with foreign vehicle

In the instance of a collision with a vehicle that is registered abroad and its driver has this European accident statement in a foreign language, both parties may use the front page of that statement and, as applicable, may sign it. The individual items in the accident statement and their numbering are the same even though the accident statement is written in another language.

Important notice!

Use a ballpoint pen or a well-sharpened pencil when filling out the accident statement to ensure that both the original and the copy are clearly readable. **Do not write on the back page of the statement until the copies, i.e. the original and the copy, have been separated.** If the accident statement has already been used, it is damaged or lost, the parties involved should obtain a new copy from their insurance companies.