

1 Date of accident	Time	2 Location	3 Injuries even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
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4 Material damage other than to vehicles A and B: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> objects other than vehicles: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	5 Witnesses: names, add., numbers
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Vehicle A

6 Insured/policyholder* * see insurance certificate

Surname

First name

Address

ZIP code 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.

Insurance Certificate 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

Driving licence valid until:



11 Visible damage to vehicle A:

14 My remarks:

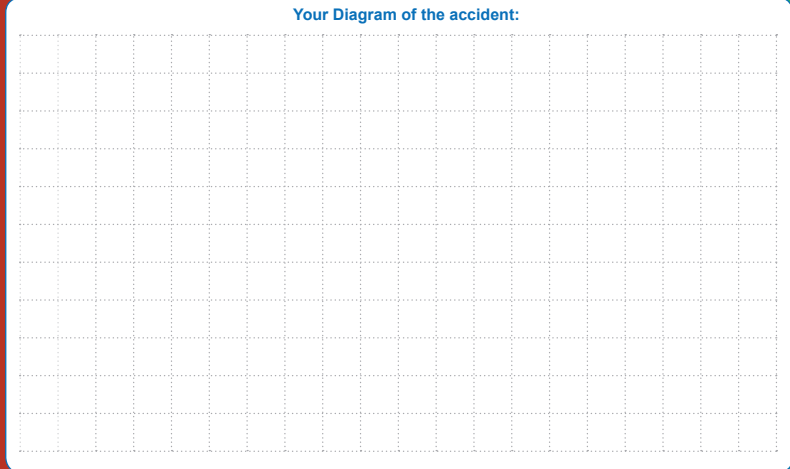
Circumstances

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 **Diagram 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



Vehicle B

6 Insured/policyholder* * see insurance certificate

Surname

First name

Address

Zip code 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.

Insurance Certificate 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

Driving licence valid until:



11 Visible damage to vehicle B:

14 My remarks:

15 Signatures of the drivers

