

## 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 that 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 the 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


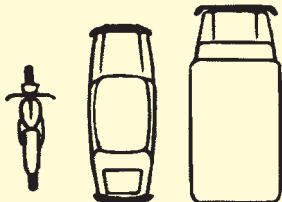
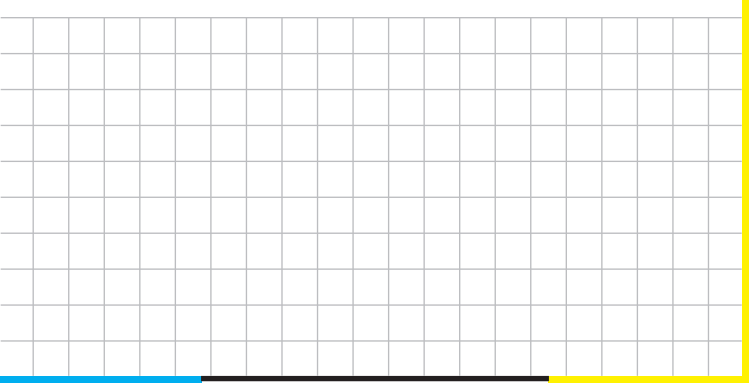
see directions for use

# agreed statement of facts on motor vehicle accident

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

<b>1. date</b> of accident _____ time _____	<b>2. place</b> (exact location of accident) _____	<b>3. injuries</b> even if slight no <input type="checkbox"/> yes <input type="checkbox"/> *
<b>4. property damage</b> other than to the vehicles A and B no <input type="checkbox"/> yes <input type="checkbox"/> *	<b>5. witnesses</b> names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

vehicle A	vehicle B
<b>6. insured</b> policyholder (see insurance cert.) Name _____ (capital letters) First name _____ Address _____ _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	<b>6. insured</b> policyholder (see insurance cert.) Name _____ (capital letters) First name _____ Address _____ _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>
<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____	<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____
<b>8. insurance company</b> _____ Policy No. _____ Agent (or broker) _____ _____ Green Card No. (if issued) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>	<b>8. insurance company</b> _____ Policy No. _____ Agent (or broker) _____ _____ Green Card No. (if issued) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>
<b>9. driver</b> (see driving licence) Name _____ (capital letters) First name _____ Address _____ _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____	<b>9. driver</b> (see driving licence) Name _____ (capital letters) First name _____ Address _____ _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____
<b>12. circumstances</b> Put a cross (X) in each of the relevant spaces to help explain the plan.	
A	B
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
← State TOTAL number of spaces marked with a cross →	
<b>10. indicate by an arrow the point of initial impact</b> 	<b>10. indicate by an arrow the point of initial impact</b> 
<b>11. visible damage</b> _____ _____ _____	<b>11. visible damage</b> _____ _____ _____
<b>14 remarks</b> _____ _____ _____	<b>14 remarks</b> _____ _____ _____
A	B
<b>13. plan of the accident</b> 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 	
<b>15. signatures of the drivers</b> A _____ B _____	

\*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back →

# 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) _____									
	2 Make/Model/Type		C.C.	If commercial vehicle state carrying capacity and g.p.w.		Date of first registration as new		Registration mark		
Insured Vehicle	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs									
	3 Are you the Owner?		Yes		No		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		No		If no, state where it is at present			
	Tel. No. _____									
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		No	
	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		Offence				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 Police				Yes		No			
	If yes, give station and P.C's name and number _____									
	13 Was warning of prosecution given?				Yes		No			
If yes against whom? _____										
Accident Details	14 Weather Conditions _____									
	15 Speed of vehicles		A		B					
	16 What warnings were given by driver or other party? _____									
	17 Were street lights illuminated?		Yes		No					
	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, indicating width of roads, speed limits, etc. _____									
_____										
_____										
_____										
Declaration	I/We declare the foregoing particulars are true in every respect									
	Insured's Signature _____ Date _____									