Continuga 056 36 32 11 - 8967702 - 04.05
ZWART 007 108

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
		Country:		no ☐ yes ☐

4. Material damage

other than to vehicles A and B: no ☐ yes ☐ | objects other than vehicles: 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 N°:
Green Card N°:
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
☐ 1	* parked/stopped	1 ☐
☐ 2	* leaving a parking place/ opening the door	2 ☐
☐ 3	entering a parking place	3 ☐
☐ 4	emerging from a car park, from private ground, from a track	4 ☐
☐ 5	entering a car park, private ground, a track	5 ☐
☐ 6	entering a roundabout	6 ☐
☐ 7	circulating a roundabout	7 ☐
☐ 8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 ☐
☐ 9	going in the same direction but in a different lane	9 ☐
☐ 10	changing lanes	10 ☐
☐ 11	overtaking	11 ☐
☐ 12	turning to the right	12 ☐
☐ 13	turning to the left	13 ☐
☐ 14	reversing	14 ☐
☐ 15	encroaching on a lane reserved for circulation in the opposite direction	15 ☐
☐ 16	coming from the right (at road junctions)	16 ☐
☐ 17	had not observed a right of way sign or a red light	17 ☐
☐ ◀	**state number of boxes marked with a cross**	▶ ☐

Must be signed by BOTH drivers
Does not constitute an admission of liability, but a summary of identities and of 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 positions at the time of impact - 4. the road signs - 5. names of the streets or roads

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

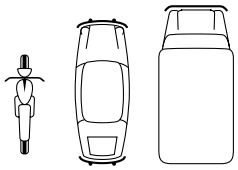
8. Insurance company (see insurance certificate)

NAME:
Policy N°:
Green Card N°:
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)

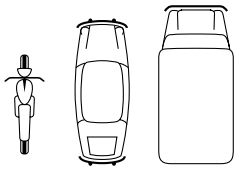
NAME:
First name:
Date of birth:
Address:
Country:
Tel. or E-mail:
Driving licence n°:
Category (A, B, ...):
Driving licence valid until:

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. Signatures of the drivers 15.

A

B

14. My remarks: