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.

May be signed by BOTH drivers.

1. date of accident | time

2. place (exact location of accident)

3. injuries (event if slighter) no ☐ yes ☐

4. property damage other than to the vehicles A and B no ☐ yes ☐

5. witnesses: Names, addresses and tel. host (to be underlined if it relates to passenger in A or B)

Vehicle A

6. insured policyholder (see insurance certº)

Name _____ (capital letters)
First name _____
Address _____
_____
Tel. No. _____
Can the insured recover the Value Added Tax?
no ☐ yes ☐

7. Vehicle

Maker, type _____
Registration No. (or engine No.)_____

8. insurance company

_____
Policy No. _____
Agent: (or broquer) _____
_____
Green Card No. _____ (if issued)
Ins.Cert. or Green Card } valid until _____

Is damage to the vehicle insured?
no ☐ yes ☐

9. driver (see driving licence)

Name _____ (capital letters)
First name _____
Address _____
Driving licence No. _____
Groups ____ Issued by _____
_____
valid from _____ to _____

A ☐

12. circumstances.

Put a cross (X) en each of the relevant spaces to help explain the plan

1	parked (at the roadside)	1
2	leaving a parking places (at the roadside)	2
3	entering a parking places (at the roadside)	3
4	emerging from a car park, from private grounds, from a track	4
5	entering a car park, private grounds, a track	5
6	entering a roundabouts (or similar traffic system)	6
7	circulating in a roundabout	7
8	strilding the roar 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 lane	10
11	overtaking	11
12	turning to the right	12
13	turning to the left	13
14	reversing	14
15	encroaching in the opposite traffic lane	15
16	coming from the right (at road junctions)	16
17	not observing a right of way sign	17

State TOTAL number of spaces marked with a cross

B ☐

Vehicle B

6. insured policyholder (see insurance certº)

Name _____ (capital letters)
First name _____
Address _____
_____
Tel. No. _____
Can the insured recover the Value Added Tax?
no ☐ yes ☐

7. Vehicle

Maker, type _____
Registration No. (or engine No.)_____

8. insurance company

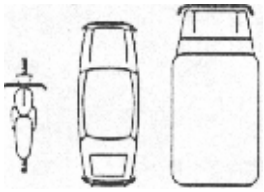
_____
Policy No. _____
Agent: (or broquer) _____
_____
Green Card No. _____ (if issued)
Ins.Cert. or Green Card } valid until _____

Is damage to the vehicle insured?
no ☐ yes ☐

9. driver (see driving licence)

Name _____ (capital letters)
First name _____
Address _____
Driving licence No. _____
Groups ____ Issued by _____
_____
valid from _____ to _____

10. Indicate by an arrow the point or initial impact:



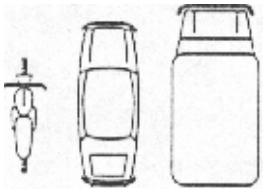
11. visible damage

_____
_____
_____

13. plan of the accident

Indicate: 1.the layout of the road 2. by arrows the direction or the vehicles A,B
3. their position at the time of impact 4. the road signs 5. names of the streets or roads

10. Indicate by an arrow the point or initial impact



11. visible damage

_____
_____
_____

14. remarks

_____
_____
_____

15. Signatures of the drivers

A B

14. remarks

_____
_____
_____