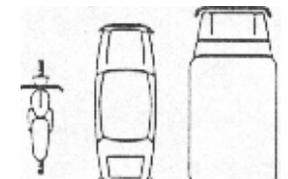
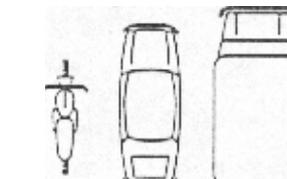


# Agreed statement of facts on motor vehicle accident

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.

<b>1. date</b> of accident _____ time _____	<b>2. place</b> (exact location of accident) _____	<b>3. injuries</b> (event if slighter) 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. host (to be underlined if it relates to passenger in A or B) _____	
<b>Vehicle A</b>	<b>12. circumstances.</b>	<b>Vehicle B</b>
<b>6. insured</b> policyholder (see insurance cert <sup>o</sup> ) Name _____ (capital letters) First name _____ Address _____ Tel. No. _____ Can the insured recover the Value Added Tax? no <input type="checkbox"/> yes <input type="checkbox"/>	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 stridding the roar of the other vehicle while going in the same direction and in the same lane. 7 8 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>6. insured</b> policyholder (see insurance cert <sup>o</sup> ) Name _____ (capital letters) First name _____ Address _____ Tel. No. _____ Can the insured recover the Value Added Tax? no <input type="checkbox"/> yes <input type="checkbox"/>
<b>7. Vehicle</b> Maker, type _____ Registration No. (or engine No.) _____		<b>7. Vehicle</b> Maker, type _____ Registration No. (or engine No.) _____
<b>8. insurance company</b> Policy No. _____ Agent: (or broquer) _____ 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 broquer) _____ 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>10. Indicate by an arrow the point or initial impact:</b> 	<b>13. plan of the accident</b> 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	<b>10. Indicate by an arrow the point or initial impact:</b> 
<b>11. visible damage</b> _____ _____ _____	<b>15. Signatures of the drivers</b> A _____ B _____	<b>11. visible damage</b> _____ _____ _____
<b>14. remarks</b> _____ _____ _____		<b>14. remarks</b> _____ _____ _____