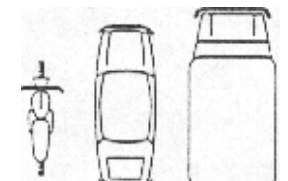
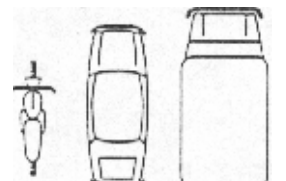


# Agreed statement of facts on motor vehicle accident

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> Put a cross (X) en each of the relevant spaces to help explain the plan	<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"/>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">A</td><td style="width: 5%; text-align: center;">1</td><td style="width: 90%;">parked (at the roadside)</td><td style="width: 5%; text-align: center;">1</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>2 leaving a parking places (at the roadside)</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>3 entering a parking places (at the roadside)</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>4 emerging from a car park, from private grounds, from a track</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>5 entering a car park, private grounds, a track</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>6 entering a roundabouts (or similar traffic system)</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>7 circulating in a roundabout stridding the roar of the other vehicle while going in the same direction and in the same lane.</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>9 going in the same direction but in a different lane.</td><td style="text-align: center;">9</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>10 changing lane</td><td style="text-align: center;">10</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>11 overtaking</td><td style="text-align: center;">11</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>12 turning to the right</td><td style="text-align: center;">12</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>13 turning to the left</td><td style="text-align: center;">13</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>14 reversing</td><td style="text-align: center;">14</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>15 encroaching in the opposite traffic lane</td><td style="text-align: center;">15</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>16 coming from the right (at road junctions)</td><td style="text-align: center;">16</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>17 not observing a right of way sign</td><td style="text-align: center;">17</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td colspan="2" style="text-align: center;"><b>State TOTAL number of spaces marked with a cross</b></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	A	1	parked (at the roadside)	1	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	2 leaving a parking places (at the roadside)	2	<input type="checkbox"/>	<input type="checkbox"/>	3 entering a parking places (at the roadside)	3	<input type="checkbox"/>	<input type="checkbox"/>	4 emerging from a car park, from private grounds, from a track	4	<input type="checkbox"/>	<input type="checkbox"/>	5 entering a car park, private grounds, a track	5	<input type="checkbox"/>	<input type="checkbox"/>	6 entering a roundabouts (or similar traffic system)	6	<input type="checkbox"/>	<input type="checkbox"/>	7 circulating in a roundabout stridding the roar of the other vehicle while going in the same direction and in the same lane.	7	<input type="checkbox"/>	<input type="checkbox"/>	8	8	<input type="checkbox"/>	<input type="checkbox"/>	9 going in the same direction but in a different lane.	9	<input type="checkbox"/>	<input type="checkbox"/>	10 changing lane	10	<input type="checkbox"/>	<input type="checkbox"/>	11 overtaking	11	<input type="checkbox"/>	<input type="checkbox"/>	12 turning to the right	12	<input type="checkbox"/>	<input type="checkbox"/>	13 turning to the left	13	<input type="checkbox"/>	<input type="checkbox"/>	14 reversing	14	<input type="checkbox"/>	<input type="checkbox"/>	15 encroaching in the opposite traffic lane	15	<input type="checkbox"/>	<input type="checkbox"/>	16 coming from the right (at road junctions)	16	<input type="checkbox"/>	<input type="checkbox"/>	17 not observing a right of way sign	17	<input type="checkbox"/>	<b>State TOTAL number of spaces marked with a cross</b>		<input type="checkbox"/>	<b>B</b> <b>6. insured</b> policyholder (see insurance cert <sup>o</sup> ) Name _____ (capital letters) First name _____ Address _____ Tel. 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<input type="checkbox"/>	<b>State TOTAL number of spaces marked with a cross</b>		<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> _____ _____ _____																																																																												