

# 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<br><input type="checkbox"/> no <input type="checkbox"/> yes * |
| <b>4. property damage</b> other than to the vehicles A and B<br><input type="checkbox"/> no <input type="checkbox"/> yes * | <b>5. witnesses</b> names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B) |   |

**vehicle A**

**6. insured** 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  yes

**7. vehicle**

Make, type \_\_\_\_\_  
 Registration No. (or engine No.) \_\_\_\_\_

**8. insurance company**

Policy No. \_\_\_\_\_  
 Agent (or broker) \_\_\_\_\_  
 Green Card No. (if issued) \_\_\_\_\_  
 Ins Cert. or } valid until \_\_\_\_\_  
 Green Card }  
 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 \_\_\_\_\_

**12. circumstances**  
 Put a cross (X) in each of the relevant spaces to help explain the plan.

|                          |    |   |                          |
|--------------------------|----|---|--------------------------|
| <input type="checkbox"/> | 1  | parked (at the roadside)  | <input type="checkbox"/> |
| <input type="checkbox"/> | 2  | leaving a parking place (at the roadside)   | <input type="checkbox"/> |
| <input type="checkbox"/> | 3  | entering a parking place (at the roadside)  | <input type="checkbox"/> |
| <input type="checkbox"/> | 4  | emerging from a car park, from private grounds, from a track                                  | <input type="checkbox"/> |
| <input type="checkbox"/> | 5  | entering a car park, private grounds, a track   | <input type="checkbox"/> |
| <input type="checkbox"/> | 6  | entering a roundabout (or similar traffic system)   | <input type="checkbox"/> |
| <input type="checkbox"/> | 7  | circulating in a roundabout etc.  | <input type="checkbox"/> |
| <input type="checkbox"/> | 8  | striking the rear of the other vehicle while going in the same direction and in the same lane | <input type="checkbox"/> |
| <input type="checkbox"/> | 9  | going in the same direction but in a different lane   | <input type="checkbox"/> |
| <input type="checkbox"/> | 10 | changing lanes  | <input type="checkbox"/> |
| <input type="checkbox"/> | 11 | overtaking  | <input type="checkbox"/> |
| <input type="checkbox"/> | 12 | turning to the right  | <input type="checkbox"/> |
| <input type="checkbox"/> | 13 | turning to the left   | <input type="checkbox"/> |
| <input type="checkbox"/> | 14 | reversing   | <input type="checkbox"/> |
| <input type="checkbox"/> | 15 | encroaching in the opposite traffic lane  | <input type="checkbox"/> |
| <input type="checkbox"/> | 16 | coming from the right (at road junctions)   | <input type="checkbox"/> |
| <input type="checkbox"/> | 17 | not observing a right of way sign   | <input type="checkbox"/> |

← State TOTAL number of spaces marked with a cross →

**vehicle B**

**6. insured** 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  yes

**7. vehicle**

Make, type \_\_\_\_\_  
 Registration No. (or engine No.) \_\_\_\_\_

**8. insurance company**

Policy No. \_\_\_\_\_  
 Agent (or broker) \_\_\_\_\_  
 Green Card No. (if issued) \_\_\_\_\_  
 Ins Cert. or } valid until \_\_\_\_\_  
 Green Card }  
 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 of initial impact**

**13. plan of the accident**

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

**10. indicate by an arrow the point of initial impact**

**11. visible damage**

\_\_\_\_\_

\_\_\_\_\_

**11. visible damage**

\_\_\_\_\_

\_\_\_\_\_

**14 remarks**

\_\_\_\_\_

\_\_\_\_\_

**15. signatures of the drivers**

**A** **B**

**14 remarks**

\_\_\_\_\_

\_\_\_\_\_

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