

# European Accident Statement

Does not constitute an admission of liability, just a statement of identity and the circumstances, which will speed up the settlement of claims

To be completed by both drivers

<b>1. Date of accident</b>	Time	<b>2. Location</b> (town, street, house no. or milestone)	<b>3. Injuries</b> even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
<b>4. Material damage</b> other than to vehicles A and B no <input type="checkbox"/> yes <input type="checkbox"/>		<b>5. Witnesses</b> (name, address, phone, inmates of A and B point out)	

## 6. Insured/policyholder

(see insurance certificate)

Surname: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 There is entitlement to deduct?  
 no  yes

## 7. Vehicle

Make, type: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_

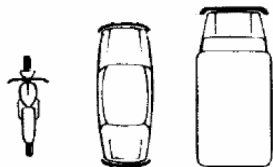
## 8. Insurance company

Policy No.: \_\_\_\_\_  
 Broker: \_\_\_\_\_  
 Green Card No.: \_\_\_\_\_  
 Insurance Certificate or Green Card valid from: \_\_\_\_\_  
 Does the policy cover material damage to the vehicle?  
 no  yes

## 9. Driver

Surname: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Driving licence No.: \_\_\_\_\_  
 Category: \_\_\_\_\_ issued by: \_\_\_\_\_  
 valid from \_\_\_\_\_ to \_\_\_\_\_  
 (For buses, taxis, etc.)

## 10. Indicate the point of initial impact to vehicle by an arrow



## 11. Visible damage to vehicle

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 14. My remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

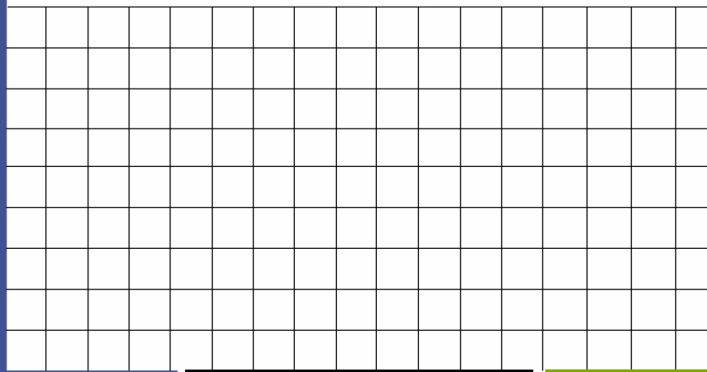
## 12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing

- |          |    |   |    |          |
|----------|----|---|----|----------|
| <b>A</b> | 1  | parked/stopped  | 1  | <b>B</b> |
|          | 2  | leaving a parking space   | 2  |          |
|          | 3  | entering a parking space  | 3  |          |
|          | 4  | emerging from a parking space, from private premises, from a track                                      | 4  |          |
|          | 5  | entering a parking space, private premises, a track   | 5  |          |
|          | 6  | entering a roundabout   | 6  |          |
|          | 7  | circulating a roundabout  | 7  |          |
|          | 8  | striking the rear of the other vehicle in the same line of traffic and travelling in the same direction | 8  |          |
|          | 9  | going in the same direction, but in a different line of traffic   | 9  |          |
|          | 10 | changing lines of traffic   | 10 |          |
|          | 11 | overtaking  | 11 |          |
|          | 12 | turning to the right  | 12 |          |
|          | 13 | turning to the left   | 13 |          |
|          | 14 | reversing   | 14 |          |
|          | 15 | changing to a lane reserved for traffic in the opposite direction                                       | 15 |          |
|          | 16 | coming from the right (at a junction)   | 16 |          |
|          | 17 | had not observed a priority sign or a red light   | 17 |          |
|          |    | State the number of boxes marked with a cross   |    |          |

## 13. Sketch of 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



## 15. Signatures of the drivers

**A** **B**

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(see insurance certificate)

Surname: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 There is entitlement to deduct?  
 no  yes

## 7. Vehicle

Make, type: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_

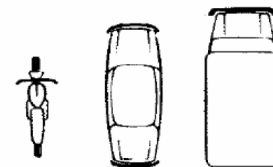
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 First name: \_\_\_\_\_  
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## 14. My remarks:

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 \_\_\_\_\_  
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