

# agreed statement of facts on motor vehicle accident

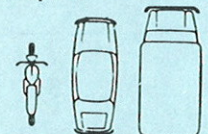
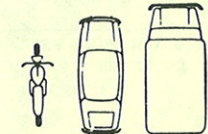
Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims

Must be signed by  
BOTH drivers

1. Date of accident _____ time _____	2. Place (country, Dept. No., locality) _____	3. Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/> *
--------------------------------------	-----------------------------------------------	------------------------------------------------------------------------------------------

4. Property damage Other than to vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/> *	5. Witnesses names, addresses and tel.nos. (to be underlined if it relates to passenger in A or B)
--------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Vehicle A	12. Circumstances Put a cross(x) in each of the relevant spaces to help explain the plan	Vehicle B
<b>6. Insured policyholder</b> (see ins.cert.) Name (capital letters) _____ First name _____ Date of birth _____ Address (Street and No.) _____ Locality (and Dept. No.) _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the Insured recover the Value Added Tax on the vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> 1 parked (at the roadside) <input type="checkbox"/> 2 leaving a parking place (at the roadside) <input type="checkbox"/> 3 entering a parking place (at the roadside) <input type="checkbox"/> 4 emerging from a car park, from private grounds, from a track <input type="checkbox"/> 5 entering a car park, private grounds, a track <input type="checkbox"/> 6 entering a roundabout (or similar traffic system) <input type="checkbox"/> 7 circulating in a roundabout etc. <input type="checkbox"/> 8 struck in the rear while going in the same direction and in the same lane <input type="checkbox"/> 9 going in the same direction but in a different lane <input type="checkbox"/> 10 changing lanes <input type="checkbox"/> 11 overtaking <input type="checkbox"/> 12 turning to the right <input type="checkbox"/> 13 turning to the left <input type="checkbox"/> 14 reversing <input type="checkbox"/> 15 encroaching in the opposite traffic lane <input type="checkbox"/> 16 coming from the right (at crossroads) <input type="checkbox"/> 17 not observing the right of way sign	<b>B</b> Name (capital letters) _____ First name _____ Date of birth _____ Address (Street and No.) _____ Locality (and Dept. No.) _____ Tel. No. (from 9 hrs. to 17 hrs.) _____ Can the Insured recover the Value Added Tax on the vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>7. Vehicle</b> Make, type, year _____ Registration No. (or engine No.) _____		<b>7. Vehicle</b> Make, type, year _____ Registration No. (or engine No.) _____
<b>8. Insurance company</b> Policy No. _____ Agency (or office or broker) _____ No. of Green Card (for foreigners) _____ 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. _____ Agency (or office or broker) _____ No. of Green Card (for foreigners) _____ 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 (A, B, ...) Issued by _____ Valid from _____ to _____ (for the categories C, D, E and taxis)		<b>9. Driver</b> (see driving licence) Name (capital letters) _____ First name _____ Address _____ Driving licence No. _____ Groups (A, B, ...) Issued by _____ Valid from _____ to _____ (for the categories C, D, E and taxis)

<b>10. Indicate by an arrow the point of initial impact</b> 	<b>13. Plan of the accident</b> Indicate: 1. the layout of the road — 2. 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 <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<b>10. Indicate by an arrow the point of initial impact</b> 
<b>11. Visible damage</b> 		<b>11. Visible damage</b> 

<b>14. Remarks</b> 	<b>15. Signatures of the drivers</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">A _____</div> <div style="width: 45%;">B _____</div> </div>	<b>14. Remarks</b> 
------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information re. identity, address, etc. Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For insured's accident report see back →



## Supplementary details for the own insurance company

The speed of your vehicle when the danger was noticed?	km/h
The speed of your vehicle at the moment of collision?	km/h
Actual speed limit	km/h
Distance measured up to the right side of the road on the scene of accident	m
Breadth of the road	m
State of the road	ex. wet, dry, snow, ice
Light conditions	<input type="checkbox"/> Day light <input type="checkbox"/> Half light <input type="checkbox"/> Dark
Street or road lighting	<input type="checkbox"/> Put on <input type="checkbox"/> Put out <input type="checkbox"/> Lacking
Lighting of the own vehicle put on	<input type="checkbox"/> Head lights <input type="checkbox"/> Dipped head lights <input type="checkbox"/> Parking lights Other lighting (ex. warning lights)

Total number of passengers in the own vehicle at the moment of accident	Number
Meter indication at the moment of accident	km
Has the damage arisen at a competition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Where is the vehicle garaged? Ex. name of garage, address and tel.No.	
Have the police investigated the incident?	No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes" the police in
Has any sobriety test been taken?	No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes" from whom?    Result
Blood test?	No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes" from whom?    Result

## Course of events

Describe the course of events, at a game accident, state kind of animal (State also, if any of the drivers signalled or showed direction of travel etc.)	
According to your opinion, who or what has caused the accident and why?	

## Personal injuries and property damage

Injuries sustained by the driver of the own vehicle			
Injuries sustained by the fellow-passengers of the own vehicle	Name, address and tel.No.	Date of birth	Kind of injury
Injuries sustained by e.g. cyclist, pedestrian	Name, address and tel.No.	Kind of injury	
Material damage caused to other vehicle/s than A and B or to fence, light column, animal etc.	Owner's name, address and tel.No.	Describe kind and extent of damage	

**Theft** Enclose police certificate and fill in items 1, 2, 6, 7, 8 on the face of the form

.....  
Date

.....  
Date

.....  
Driver's signature and date of birth

.....  
Insured's signature