

# ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
		Country:		no <input type="checkbox"/> yes <input type="checkbox"/>

4. Material damage other than to vehicles A and B objects other than vehicles no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	5. Witnesses: names, addresses, tel.:
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### VEHICLE A

8. Insured/policyholder (see insurance certificate)

NAME: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

### 12. CIRCUMSTANCES

Put a cross in each of the relevant boxes to help explain the drawing  
*\* delete where appropriate*

<input type="checkbox"/> 1	* parked/stopped	<input type="checkbox"/> 1
<input type="checkbox"/> 2	* leaving a parking place/ opening the door	<input type="checkbox"/> 2
<input type="checkbox"/> 3	entering a parking place	<input type="checkbox"/> 3
<input type="checkbox"/> 4	emerging from a car park, from private ground, from a track	<input type="checkbox"/> 4
<input type="checkbox"/> 5	entering a car park, private ground, a track	<input type="checkbox"/> 5
<input type="checkbox"/> 6	entering a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7	circulating a roundabout	<input type="checkbox"/> 7
<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"/> 8
<input type="checkbox"/> 9	going in the same direction but in a different lane	<input type="checkbox"/> 9
<input type="checkbox"/> 10	changing lanes	<input type="checkbox"/> 10
<input type="checkbox"/> 11	overtaking	<input type="checkbox"/> 11
<input type="checkbox"/> 12	turning to the right	<input type="checkbox"/> 12
<input type="checkbox"/> 13	turning to the left	<input type="checkbox"/> 13
<input type="checkbox"/> 14	reversing	<input type="checkbox"/> 14
<input type="checkbox"/> 15	encroaching on a lane reserved for circulation in the opposite direction	<input type="checkbox"/> 15
<input type="checkbox"/> 16	coming from the right (at road junctions)	<input type="checkbox"/> 16
<input type="checkbox"/> 17	had not observed a right of way sign or a red light	<input type="checkbox"/> 17
<input type="checkbox"/> ◀	state number of boxes marked with a cross	▶ <input type="checkbox"/>

### VEHICLE B

8. Insured/policyholder (see insurance certificate)

NAME: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)

NAME: \_\_\_\_\_  
 Policy N°: \_\_\_\_\_  
 Green Card N°: \_\_\_\_\_  
 Insurance Certificate  
 or Green Card valid from: \_\_\_\_\_ to: \_\_\_\_\_  
 Agency (or bureau, or broker): \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_  
 Does the policy cover material damage to the  
 vehicle? no  yes

8. Insurance company (see insurance certificate)

NAME: \_\_\_\_\_  
 Policy N°: \_\_\_\_\_  
 Green Card N°: \_\_\_\_\_  
 Insurance Certificate  
 or Green Card valid from: \_\_\_\_\_ to: \_\_\_\_\_  
 Agency (or bureau, or broker): \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_  
 Does the policy cover material damage to the  
 vehicle? no  yes

9. Driver (see driving licence)

NAME: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_  
 Driving licence n°: \_\_\_\_\_  
 Category (A, B, ...): \_\_\_\_\_  
 Driving licence valid until: \_\_\_\_\_

9. Driver (see driving licence)

NAME: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Tel. or E-mail: \_\_\_\_\_  
 Driving licence n°: \_\_\_\_\_  
 Category (A, B, ...): \_\_\_\_\_  
 Driving licence valid until: \_\_\_\_\_

13. Sketch of accident when impact occurred 13.

Must be signed by BOTH drivers  
 Does not constitute an admission of liability, but a summary of identities  
 and of the facts which will speed up the settlement of claims

Indicate: 1. the layout of the road 2. by arrows the direction of the vehicles A, B  
 3. their positions at the time of impact 4. the road signs 5. names of the streets or tracks

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

11. Visible damage to vehicle A:

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

11. Visible damage to vehicle B:

14. My remarks:

15. Signatures of the drivers 15.

14. My remarks:

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual claimant issued under the terms of the Economic Interest Group (EIG) Insurance in which a proper rate applies and control insurance fund. Upon providing proof of their identity, anyone may consult and/or modify their personal data by contacting their insurer or, depending on the case in question, Continova. In order to be signed, dated and stamped, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Continova services at Microchips Insurance, 10, Sijpelelaan, 1020 Brussels.