

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 (exact location of accident) _____	3. injuries even if slight no <input type="checkbox"/> yes <input type="checkbox"/> *
4. property damage other than to the 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

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.) _____

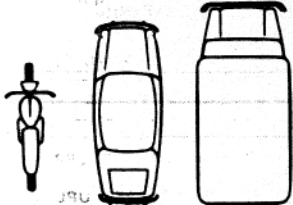
8. insurance company

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



11. visible damage

14. remarks

12. circumstances

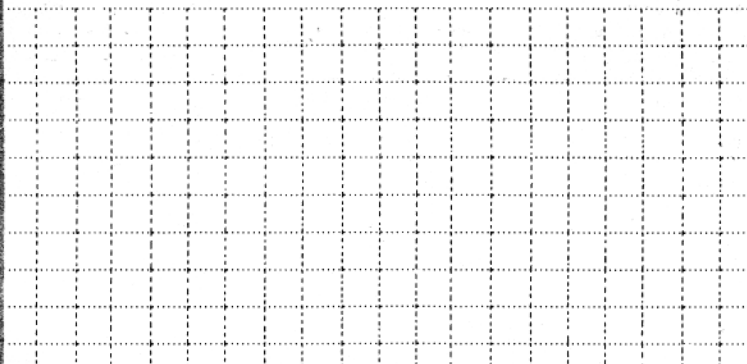
Put a cross (X) in each of the relevant spaces to help explain the plan.

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

← State TOTAL number of spaces marked with a cross →

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



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.) _____

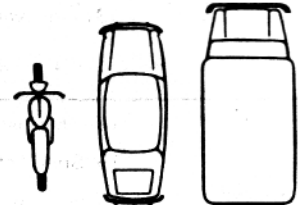
8. insurance company

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



11. visible damage

14. remarks

A

B

A

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

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 →

LPO 445 DC 15.513

déclaration

To be filled in by the insured and sent to his insurer within 5 days
Or in 24 hours in case of theft of the vehicle

1. Name of Insured _____ Profession _____ n° tél. _____

2. Circumstances of the accident

DRAWING if not provided overleaf
Show vehicles A and B as overleaf
Indicate 1. road layout 2. Using arrows the direction of vehicles A&B 3. Their position at time of impact 4. The road signs 5. The names of the streets or roads

3. Was a report made by Gendarmerie? OUI NON Or Police? OUI NON
If so, which brigade or commissariat? _____

4. Was the person driving the usual driver of the vehicle?..... OUI NON
Does s/he usually live with the Insured? OUI NON Is s/he single? OUI NON
Date of birth _____ Is he employed by the Insured? OUI NON
If not, in what capacity was he driving? _____

5. Insured Vehicle: Place usually kept _____
For what reason was it being driven? _____

DAMAGE ASSESSMENT/ Garage where vehicle can be inspected
Quand ?When? _____ Phone No if needed : _____
If the vehicle {
- Has been stolen, give Serial Number or type (see log book)
- a été volé, indiquer son numéro dans la série du type (voir carte grise)
Is on HP give name and address of lender
- est gagé - nom et adresse de l'Organisme de crédit
Is a goods vehicle, give PTC
- est un poids lourd : poids total en charge
Was being towed at the time of accident, give the registration number of the other vehicle and its PTC below
- était attelé à un autre véhicule (tractant ou remorque) au moment de l'accident, indiquer le n° d'immatriculation de cet autre véhicule : _____ poids total en charge : _____
Its insurer _____ And Policy number _____
nom de la Société qui l'assure : _____ n° police dans cette Société : _____

6. Material Damage other than to vehicles A and B. Nature and how great: name and address of owner : _____

7. INJURED	NOM		
	Prénom et âge		
	Adresse		
	Profession		
	Related to insured or driver? If so, how?	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<input type="checkbox"/> OUI <input type="checkbox"/> NON
	Employed by insured? Nature of injuries		
	Where s/he was at the moment of the Accident driver/front/rear passenger/cyclist etc		
	Was he wearing seat belt/helmet?	<input type="checkbox"/> OUI <input type="checkbox"/> NON	<input type="checkbox"/> OUI <input type="checkbox"/> NON
	First aid or hospitalised at.....		

A _____ le _____ 20 _____
Signature de l'Assuré :