

1 Date of accident	Time	2 Locality - Country - Place	3 Injuries even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
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4 Material damage other than to vehicles A and B: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> objects other than vehicles: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	5 Witnesses: names, addresses, tel.
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Vehicle A

6 Insured/policyholder* * see insurance certificate
Surname
First name
Address
ZIP code Country
Tel. or e-mail

7 Vehicle
Motor: Make, type
Registration No.
Country of registration
Trailer: Registration No.
Country of registration

8 Insurance company (see insurance certificate)
Surname
Policy No.
Insurance Certificate valid from to
Agency (or bureau, or broker)
Address
Country
Tel. or e-mail
Does the policy cover material damage to the vehicle? no yes

9 Driver (see driving licence)
Surname
First name
Date of birth
Address
Country
Tel. or email
Driving licence No.
Category
Driving licence valid until:

Circumstances

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

	A	What happened?		B
1	<input type="checkbox"/>	* parked / stopped		<input type="checkbox"/>
2	<input type="checkbox"/>	* leaving a parking space / opening a vehicle door		<input type="checkbox"/>
3	<input type="checkbox"/>	entering a parking space		<input type="checkbox"/>
4	<input type="checkbox"/>	*emerging from a parking space, from private premises, from a track		<input type="checkbox"/>
5	<input type="checkbox"/>	*entering a parking space, private premises, a track		<input type="checkbox"/>
6	<input type="checkbox"/>	entering a roundabout		<input type="checkbox"/>
7	<input type="checkbox"/>	circulating a roundabout		<input type="checkbox"/>
8	<input type="checkbox"/>	striking the rear of the other vehicle in the same line of traffic and travelling in the same direction		<input type="checkbox"/>
9	<input type="checkbox"/>	going in the same direction but in a different line of traffic		<input type="checkbox"/>
10	<input type="checkbox"/>	changing lines of traffic		<input type="checkbox"/>
11	<input type="checkbox"/>	overtaking		<input type="checkbox"/>
12	<input type="checkbox"/>	turning to the right		<input type="checkbox"/>
13	<input type="checkbox"/>	turning to the left		<input type="checkbox"/>
14	<input type="checkbox"/>	reversing		<input type="checkbox"/>
15	<input type="checkbox"/>	changing to a lane reserved for traffic in the opposite direction		<input type="checkbox"/>
16	<input type="checkbox"/>	coming from the right (at a junction)		<input type="checkbox"/>
17	<input type="checkbox"/>	had not observed a priority sign or a red light		<input type="checkbox"/>

← State the number of boxes marked with a cross →

13 Sketch of accident when impact occurred
Complete your sketch later: www.AccidentSketch.com
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 certificate
Surname
First name
Address
Zip code Country
Tel. or e-mail

7 Vehicle
Motor: Make, type
Registration No.
Country of registration
Trailer: Registration No.
Country of registration

8 Insurance company (see insurance certificate)
Surname
Policy No.
Insurance Certificate valid from to
Agency (or bureau, or broker)
Address
Country
Tel. or e-mail
Does the policy cover material damage to the vehicle? no yes

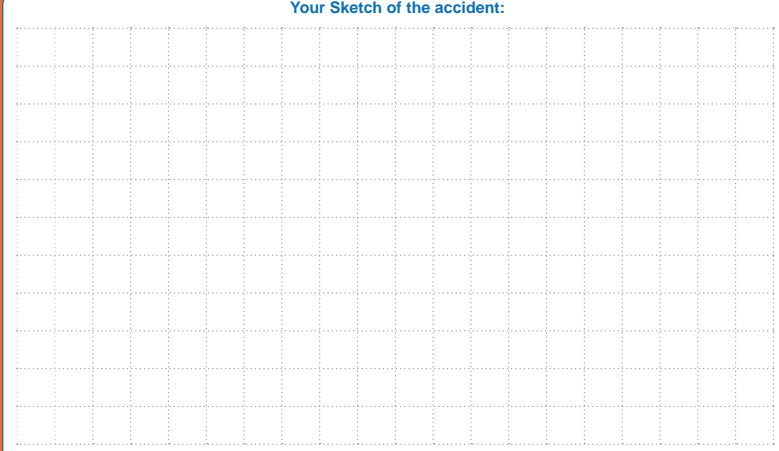
9 Driver (see driving licence)
Surname
First name
Date of birth
Address
Country
Tel. or email
Driving licence No.
Category
Driving licence valid until:

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



11 Visible damage to vehicle A:

Your Sketch of the accident:



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

A

B

14 My remarks:

1 Date of accident Time **2** Locality - Country - Place

3 Injuries even if slight
no yes

4 Material damage
other than to vehicles A and B: no yes objects other than vehicles: no yes

5 Witnesses: names, addresses, tel.

Vehicle A

6 Insured/policyholder* * see insurance certificate
Surname
First name
Address
ZIP code Country
Tel. or e-mail

7 Vehicle
Motor: Make, type
Registration No.
Country of registration
Trailer: Registration No.
Country of registration

8 Insurance company (see insurance certificate)
Surname
Policy No.
Insurance Certificate valid from to
Agency (or bureau, or broker)
Address
Country
Tel. or e-mail
Does the policy cover material damage to the vehicle? no yes

9 Driver (see driving licence)
Surname
First name
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Address
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Driving licence valid until:

Circumstances

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

A	What happened?	B
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<input type="checkbox"/>	* leaving a parking space / opening a vehicle door	<input type="checkbox"/>
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<input type="checkbox"/>	*emerging from a parking space, from private premises, from a track	<input type="checkbox"/>
<input type="checkbox"/>	*entering a parking space, private premises, a track	<input type="checkbox"/>
<input type="checkbox"/>	entering a roundabout	<input type="checkbox"/>
<input type="checkbox"/>	circulating a roundabout	<input type="checkbox"/>
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<input type="checkbox"/>	changing lines of traffic	<input type="checkbox"/>
<input type="checkbox"/>	overtaking	<input type="checkbox"/>
<input type="checkbox"/>	turning to the right	<input type="checkbox"/>
<input type="checkbox"/>	turning to the left	<input type="checkbox"/>
<input type="checkbox"/>	reversing	<input type="checkbox"/>
<input type="checkbox"/>	changing to a lane reserved for traffic in the opposite direction	<input type="checkbox"/>
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Vehicle B

6 Insured/policyholder* * see insurance certificate
Surname
First name
Address
Zip code Country
Tel. or e-mail

7 Vehicle
Motor: Make, type
Registration No.
Country of registration
Trailer: Registration No.
Country of registration

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Does the policy cover material damage to the vehicle? no yes

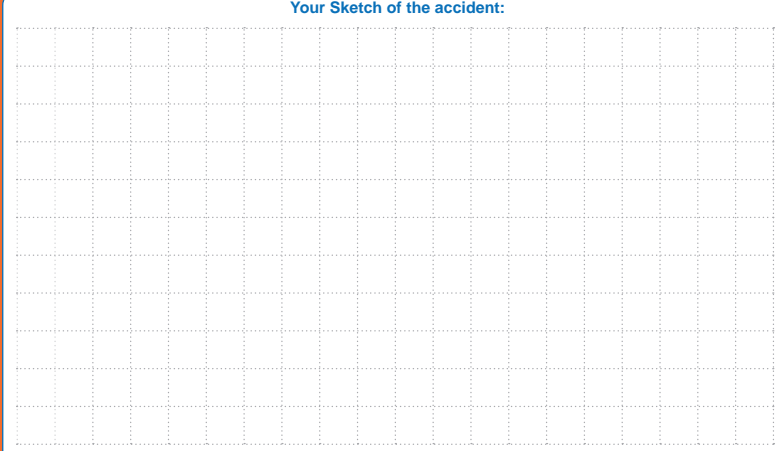
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10 Indicate the point of initial impact to vehicle A by an arrow →



11 Visible damage to vehicle A:

Your Sketch of the accident:



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

A

B

14 My remarks: