IMPORTANT – PLEASE READ THIS CAREFULLY

Directions for Use of the European Accident Statement

GENERAL NOTES

THE OBJECT OF THIS FORM IS TO GET A STATEMENT OF THE FACTS OF THE ACCIDENT AGREED BY EACH DRIVER

The Continental driver will also have a similar form in his own language and it does not matter which one is completed, BUT you must ensure that you keep either the original or the copy of the completed form to send to your Insurer

(e. g. a Frenchman may fill in his part of his own form in French, leaving you to complete your part of his form in English – you will know what the questions mean by looking at your own form)

INSTRUCTIONS

AT THE SCENE OF THE ACCIDENT

1 Get details of all witnesses before they leave
Complete questions 5

2 Preferably using a ballpoint pen, complete fully either the blue or the yellow part of the Agreed Statement of Facts (you will need to refer to your insurance certificate, green card and driving licence)

3 When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15)

4. Don't forget to –
   (*a*) mark clearly under (10) the point of initial impact
   (*b*) put a cross (X) in each appropriate square on your side of (12) and state the total number of spaces marked with a cross
   (*c*) draw a plan of the accident location (13) showing all the information indicated

UNDER NO CIRCUMSTANCES ALTER ANYTHING ON THE AGREED STATEMENT OF FACTS AFTER COMPLETION

WHEN YOU RETURN HOME

1 FULLY COMPLETE the Motor Accident Report on the back of the English version of the Agreed Statement of Facts

2 Send the completed Agree3d Statement of Facts and Motor Accident Report immediately to your Insurer

SPECIAL NOTE

This form may be used even if no other vehicle is involved, for example own damage, theft, fire, injury to pedestrian, etc

KEEP THIS FORM (AND A BALLPOINT PEN) IN YOUR CAR

European Accident Statement

don't get angry

be polite

keep calm

see directions for use

2000

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 ☐ yes ☐ *

4. property damage other than to the vehicles A and B — no ☐ yes ☐

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 _____

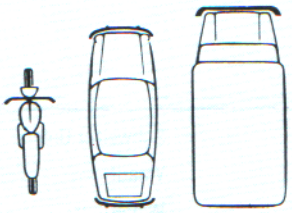
Address _____

Driving licence No. _____

Groups Issued by

valid from _____ to _____

10. Indicate by an arrow the point of initial impact



11. visible damage

14. remarks

A

12. circumstances

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

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

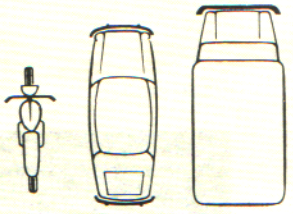
Address _____

Driving licence No. _____

Groups Issued by

valid from _____ to _____

10. Indicate by an arrow the point of initial impact



11. visible damage

14. remarks

B

15. signatures of the drives

A B

* 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 →

Complementary information for the notice of claim

16. when other vehicles are damaged

where can the vehicles be inspected?

Vehicle A _____

when? _____ estimate of damage _____

Vehicle B _____

when? _____ estimate of damage _____

17. material damages which do not concern vehicles A and B:

Name and address of owner, phone no. estimate of damage:

a) _____

b) _____

c) _____

18. bodily injuries

Name, first name and address, phone no. injuries sustained:

a) _____

b) _____

c) _____

19. about the driver of your vehicle:

occupation: _____ date of birth: _____ civil status: _____

Did the driver have your permission? no ☐ yes ☐ Did he rent the vehicle? no ☐ yes ☐

20. about the liability:

In your opinion, are you or the driver guilty ☐ in part ☐ not guilty ☐

21. Official report of the accident:

police report made? no ☐ yes ☐ by whom? _____

22. Insurance for legal expenses:

Do you have insurance for legal expenses? no ☐ yes ☐ Company: _____

23. Further comments:

_____

_____

_____

The undersigned authorizes the insurance company to inspect official and medical reports.

Date: _____ The policyholder: _____

1. sheet: T. P. Insurer of vehicle A
2. sheet: T. P. Insurer of vehicle B
3. sheet: owner of vehicle A
cover: owner of vehicle B

This form has been delivered by:

Überreicht von der Schweizerischen Vereinigung der Haftpflicht- und Motorfahrzeug-Versicherer (HMV)

Der HMV sind nebenstehende Motorfahrzeugversicherer angeschlossen:

AIG
Alba
Allianz Continentale
Alpina
Basler
Berner
Elvia
Freiburger
Genfer
HDI
Helvetia
La Suisse
Limmat
Mobiliar
National
Neuenburger
Nieuw Rotterdam
Northern
Phenix
UAP
Schweizer Union
Waadt
Winterthur
Zürich