

# 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 driver

|  |  |   |
|--|--|---|
| <b>1. date</b> of accident _____ time _____  | <b>2. place</b> (exact location of accident) _____   | <b>3. injuries</b> even if slight<br>no <input type="checkbox"/> yes <input type="checkbox"/> * |
| <b>4. property damage</b> other than to the vehicles A and B<br>no <input type="checkbox"/> yes <input type="checkbox"/> * | <b>5. witnesses</b> names, addresses and tel. nos. (to be underlined if it relates to passenger in A or 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 \_\_\_\_\_

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

|                          |    |  |    |
|--------------------------|----|--|----|
| <input type="checkbox"/> | 1  | parked (at the roadside)   | 1  |
| <input type="checkbox"/> | 2  | leaving a parking place (at the roadside)  | 2  |
| <input type="checkbox"/> | 3  | entering a parking place (at the roadside)   | 3  |
| <input type="checkbox"/> | 4  | emerging from a car park, from private grounds, from a track   | 4  |
| <input type="checkbox"/> | 5  | entering a car park, private grounds, a track  | 5  |
| <input type="checkbox"/> | 6  | entering a roundabout (or similar traffic system)  | 6  |
| <input type="checkbox"/> | 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  |
| <input type="checkbox"/> | 8  | going in the same direction but in a different lane  | 8  |
| <input type="checkbox"/> | 9  | changing lanes   | 9  |
| <input type="checkbox"/> | 10 | overtaking   | 10 |
| <input type="checkbox"/> | 11 | turning to the right   | 11 |
| <input type="checkbox"/> | 12 | turning to the left  | 12 |
| <input type="checkbox"/> | 13 | reversing  | 13 |
| <input type="checkbox"/> | 14 | encroaching in the opposite traffic lane   | 14 |
| <input type="checkbox"/> | 15 | coming from the right (at road junctions)  | 15 |
| <input type="checkbox"/> | 16 | not observing a right of way sign  | 16 |
| <input type="checkbox"/> | 17 |  | 17 |

State TOTAL number of spaces marked with a cross

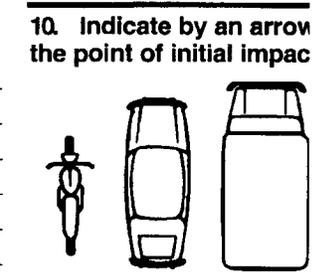
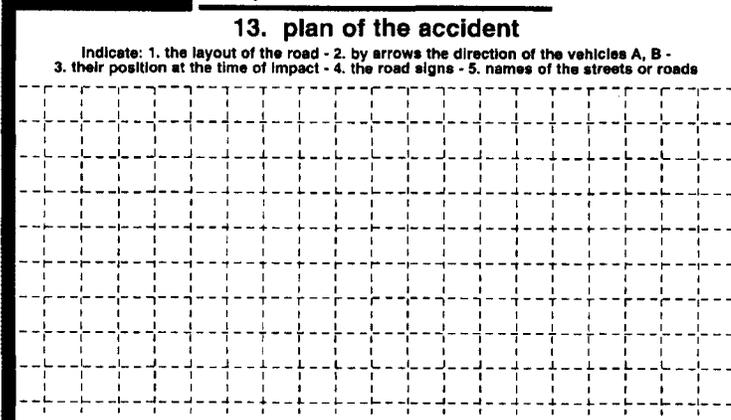
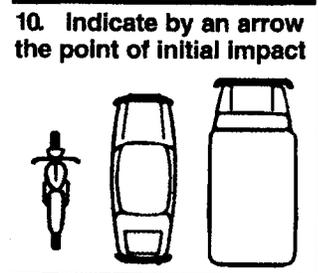
**vehicle B**

**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 \_\_\_\_\_



**11. visible damage**

\_\_\_\_\_

\_\_\_\_\_

**11. visible damage**

\_\_\_\_\_

\_\_\_\_\_

**14. remarks**

\_\_\_\_\_

\_\_\_\_\_

**15. signatures of the drivers**

**A** \_\_\_\_\_

**B** \_\_\_\_\_

**14. remarks**

\_\_\_\_\_

\_\_\_\_\_

LPO 445 DC 15.513

**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 question 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 Agreed 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**

# MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers (Use a separate sheet of paper where necessary)

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| <b>Insured</b>  | 1 Occupation ( if more than one state all) _____  |  |  |  |  |  |
| <b>Insured Vehicle</b>  | 2 Make/Model/Type   | C.C.                                     | If commercial vehicle state carrying capacity and g.p.w. | Date of first registration as new                        | Registration mark  |  |
|   | Please give/confirm instructions on my/our behalf (where appropriate) for the repairs   |  |  |  |  |  |
|   | 3 Are you the Owner?  | Yes <input type="checkbox"/>             | No <input type="checkbox"/>                              | If no, state Owner's name and address _____              |  |  |
|   | 4 Exact purpose for which vehicle was being used at time of accident _____              |  |  |  |  |  |
|   | 5 Is the vehicle still in use?  | Yes <input type="checkbox"/>             | No <input type="checkbox"/>                              | If no, state where it is at present _____                |  |  |
|   | 6 Name and address of Finance Company (if any) _____ Tel. No _____                      |  |  |  |  |  |
| <b>Driver or Person in charge of Vehicle</b><br><br>(If the Insured complete this section as appropriate) | 7 Date of Birth   | Occupation (If more than one, state all) | Date driving test passed                                 | Was he driving with your permission                      | Was he your employee?                                    |  |
|   |   |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
|   | 8 Give details of any impairment of sight or hearing and of any other disability _____  |  |  |  |  |  |
|   | 9 Full details of all driving convictions including pending prosecutions                |  |  |  |  |  |
|   | Date  | Offence                                  | Penalty  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| <b>Injured Persons</b>  | 10 Name(s), Address(es) and approximate Age(s)  |  | Injuries Sustained                                       | If Vehicle Occupants state in which vehicle              | Were seat belts being worn?                              |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| <b>Damage to Property &amp; Vehicles</b><br><br>(other than vehicles 'A' & 'B' overleaf)                  | 11 Owner(s) Name(s) and Address(es)   |  | Details of Vehicle or Property                           | Nature of Damage   | Insurer's Name and Address (if known)                    |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| <b>Police Action</b>  | 12 Was the accident reported to Police?   |  | Yes <input type="checkbox"/>                             | No <input type="checkbox"/>                              |  |  |
|   | If yes, give station and P.C.'s name and number _____                                   |  |  |  |  |  |
|   | 13 Was warning of prosecution given?  |  | Yes <input type="checkbox"/>                             | No <input type="checkbox"/>                              |  |  |
|   | If yes, against whom? _____   |  |  |  |  |  |
| <b>Accident Details</b>   | 14 Weather conditions _____   |  |  |  |  |  |
|   | 15 Speed of vehicles  | A <input type="text"/>                   | B <input type="text"/>                                   |  |  |  |
|   | 16 What warnings were given by driver or other party? _____                             |  |  |  |  |  |
|   | 17 Were street lights illuminated?  | Yes <input type="checkbox"/>             | No <input type="checkbox"/>                              |  |  |  |
|   | 18 What lights were displayed on your vehicle/the other vehicle(s) _____                |  |  |  |  |  |
|   | 19 If your vehicle is commercial state weight of load carried at time of accident _____ |  |  |  |  |  |
| 20 State how accident happened, indicating width of roads, speed limits, etc. _____                       |   |  |  |  |  |  |
| _____   |   |  |  |  |  |  |
| _____   |   |  |  |  |  |  |