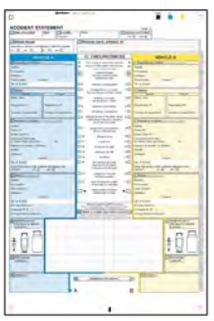
# INSTRUCTIONS

ENGLISH

CAR TRAVEL DOCS

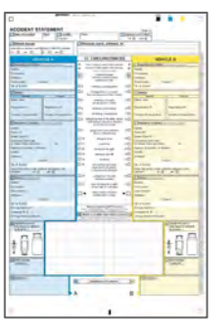


### First Accident Statement page

You enter your details in one column, if another party is involved with the accident then they enter their details in the other column. If you don't agree with the other party you mention this in the "My remarks" section. Both sign this page and, you send it to your insurance company.


### First Declaration page

Fill in this page as soon as possible, You sign this page at the bottom and send it to your insurance company.



### Second Accident Statement page

If another party is involved with the accident, you and the other party must enter the same details as in the first page. Both sign this page and the other party sends it to their insurance company.


### Second Declaration page

The other party must fill in this page as soon as possible. They sign this page at the bottom and send it to their insurance company.

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ZWART 007 108

# ACCIDENT STATEMENT



| 1. Date of accident | Time | 2. Locality: | Place: | 3. Injury(es) even if slight |
|---|---|---|---|---|
| | | Country: | | no ☐ yes ☐ |

| 4. Material damage | | | | 5. Witnesses: names, addresses, tel.: |
|---|---|---|---|---|
| other than to vehicles A and B | | objects other than vehicles | | |
| no ☐ | yes ☐ | no ☐ | yes ☐ | |

## VEHICLE A

**6. 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* ☐

**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: .....

## 12. CIRCUMSTANCES

| ▼ A | Put a cross in each of the relevant boxes to help explain the drawing<br>** delete where appropriate* | ▼ B |
|---|---|---|
| ☐ 1<br>☐ 2 | * parked/stopped<br>* leaving a parking place/ opening the door | 1 ☐<br>2 ☐ |
| ☐ 3 | entering a parking place | 3 ☐ |
| ☐ 4 | emerging from a car park, from private ground, from a track | 4 ☐ |
| ☐ 5 | entering a car park, private ground, a track | 5 ☐ |
| ☐ 6 | entering a roundabout | 6 ☐ |
| ☐ 7 | circulating a roundabout | 7 ☐ |
| ☐ 8 | striking the rear of the other vehicle while going in the same direction and in the same lane | 8 ☐ |
| ☐ 9 | going in the same direction but in a different lane | 9 ☐ |
| ☐ 10 | changing lanes | 10 ☐ |
| ☐ 11 | overtaking | 11 ☐ |
| ☐ 12 | turning to the right | 12 ☐ |
| ☐ 13 | turning to the left | 13 ☐ |
| ☐ 14 | reversing | 14 ☐ |
| ☐ 15 | encroaching on a lane reserved for circulation in the opposite direction | 15 ☐ |
| ☐ 16 | coming from the right (at road junctions) | 16 ☐ |
| ☐ 17 | had not observed a right of way sign or a red light | 17 ☐ |
| ☐ ◀ | **state number of boxes marked with a cross** | ▶ ☐ |

**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*

**13. Sketch of accident when impact occurred** 13.

*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 roads*

## VEHICLE B

**6. 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 |

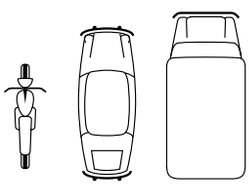
**8. Insurance company** (see insurance certificate)

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* ☐

**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: .....

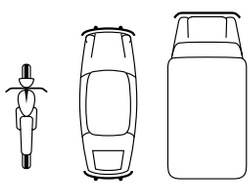
**10. Indicate the point of initial impact to vehicle A by an arrow →**



**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.

A B

**14. My remarks:**

.....
.....
.....

# DECLARATION

to be completed by the insured
and sent immediately to his insurer



| | |
|---|---|
| • REPORTING AUTHORITY<br>Has an official report been drawn up ? | no ☐ yes ☐ |
| By whom ? | ..... |
| Number of official report (if any) | ..... |
| Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs ? | no ☐ yes ☐ |
| Has the driver of your vehicle refused a blood test for alcoholism or drugs ? | no ☐ yes ☐ |
| The documents issued by the authorities having made a report, have to be sent to your insurer. | |
| • YOUR VEHICLE : Chassis n° | ..... |
| Cylinder or power | ..... |
| Nature of use at the time of the accident | private - business - professional * |
| Date and colour of last certificate issued by the technical control | ..... |
| • REPAIRER : name and address : | ..... |
| | ..... |
| **Immobilized vehicle** | no ☐ yes ☐ |
| • THE TRAILER OF YOUR VEHICLE | |
| Make and type | ..... |
| Chassis n° | ..... |
| Maximum authorized weight (tare and load) | ..... |
| • DRIVER OF YOUR VEHICLE<br>Is he the regular driver ? | no ☐ yes ☐ |
| In what capacity was he driving ? | authorized driver - owner - relative - friend - garage keeper * |
| **His birthday ?** | ..... |
| • V.A.T. | |
| What is the professional activity of the owner of the vehicle ? | ..... |
| What is his V.A.T. immatriculation n° ? | ..... |
| Is he authorized to deduct the V.A.T. regarding the damaged good ? | no ☐ yes ☐ |
| In the affirmative case | completely - partly * ..... % |

**OTHER INFORMATION (IF ANY)**

Any fraud or attempted fraud perpetrated against the insurance company shall be prosecuted under Article 496 of the Penal Code.

• THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

In your vehicle :

.....

.....

.....

In the vehicle of the T.P. :

.....

.....

Outside any vehicle :

.....

.....

• OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent)

.....

.....

.....

Names and addresses of the injured : .....

.....

• RESPONSIBILITY : who is, in your opinion, responsible for the accident and why ?

.....

.....

• INSURANCES ON YOUR VEHICLE :

| T.P. LIABILITY | MATERIAL DAMAGE | FIRE | THEFT | LEGAL PROTECTION | PASSENGERS |
|---|---|---|---|---|---|
| Ins. Co, name | Name | Name | Name | Name | Name |
| Policy n° | Policy n° | Policy n° | Policy n° | Policy n° | Policy n° |

• DO YOU STILL POSSESS ANOTHER REPORT FORM ? no ☐ yes ☐ Made at ..... on .....20 .....

• WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?

☐☐☐ ☐☐☐☐☐☐☐ ☐☐

**Signature**

* Delete where appropriate !

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ZWART 007 108

# ACCIDENT STATEMENT



| 1. Date of accident | Time | 2. Locality: | Place: | 3. Injury(es) even if slight |
|---|---|---|---|---|
| | | Country: | | no ☐ yes ☐ |

| 4. Material damage | | | | 5. Witnesses: names, addresses, tel.: |
|---|---|---|---|---|
| other than to vehicles A and B | | objects other than vehicles | | |
| no ☐ | yes ☐ | no ☐ | yes ☐ | |

## VEHICLE A

**6. 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* ☐

**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: .....

## 12. CIRCUMSTANCES

| ▼ A | Put a cross in each of the relevant boxes to help explain the drawing<br>** delete where appropriate* | ▼ B |
|---|---|---|
| ☐ 1<br>☐ 2 | * parked/stopped<br>* leaving a parking place/ opening the door | 1 ☐<br>2 ☐ |
| ☐ 3 | entering a parking place | 3 ☐ |
| ☐ 4 | emerging from a car park, from private ground, from a track | 4 ☐ |
| ☐ 5 | entering a car park, private ground, a track | 5 ☐ |
| ☐ 6 | entering a roundabout | 6 ☐ |
| ☐ 7 | circulating a roundabout | 7 ☐ |
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| ☐ 11 | overtaking | 11 ☐ |
| ☐ 12 | turning to the right | 12 ☐ |
| ☐ 13 | turning to the left | 13 ☐ |
| ☐ 14 | reversing | 14 ☐ |
| ☐ 15 | encroaching on a lane reserved for circulation in the opposite direction | 15 ☐ |
| ☐ 16 | coming from the right (at road junctions) | 16 ☐ |
| ☐ 17 | had not observed a right of way sign or a red light | 17 ☐ |
| ☐ ◀ | **state number of boxes marked with a cross** | ▶ ☐ |

**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*

**13. Sketch of accident when impact occurred** 13.

*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 roads*

## VEHICLE B

**6. 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 |

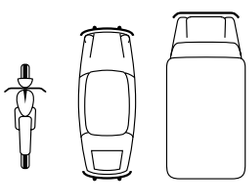
**8. Insurance company** (see insurance certificate)

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* ☐

**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: .....

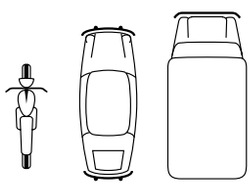
**10. Indicate the point of initial impact to vehicle A by an arrow →**



**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.

A B

**14. My remarks:**

.....
.....
.....

# DECLARATION

to be completed by the insured
and sent immediately to his insurer



| | |
|---|---|
| • REPORTING AUTHORITY<br>Has an official report been drawn up ? | no ☐ yes ☐ |
| By whom ? | ..... |
| Number of official report (if any) | ..... |
| Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs ? | no ☐ yes ☐ |
| Has the driver of your vehicle refused a blood test for alcoholism or drugs ? | no ☐ yes ☐ |
| The documents issued by the authorities having made a report, have to be sent to your insurer. | |
| • YOUR VEHICLE : Chassis n° | ..... |
| Cylinder or power | ..... |
| Nature of use at the time of the accident | private - business - professional * |
| Date and colour of last certificate issued by the technical control | ..... |
| • REPAIRER : name and address : | ..... |
| | ..... |
| **Immobilized vehicle** | no ☐ yes ☐ |
| • THE TRAILER OF YOUR VEHICLE | |
| Make and type | ..... |
| Chassis n° | ..... |
| Maximum authorized weight (tare and load) | ..... |
| • DRIVER OF YOUR VEHICLE<br>Is he the regular driver ? | no ☐ yes ☐ |
| In what capacity was he driving ? | authorized driver - owner - relative - friend - garage keeper * |
| **His birthday ?** | ..... |
| • V.A.T. | |
| What is the professional activity of the owner of the vehicle ? | ..... |
| What is his V.A.T. immatriculation n° ? | ..... |
| Is he authorized to deduct the V.A.T. regarding the damaged good ? | no ☐ yes ☐ |
| In the affirmative case | completely - partly * ..... % |

**OTHER INFORMATION (IF ANY)**

Any fraud or attempted fraud perpetrated against the insurance company shall be prosecuted under Article 496 of the Penal Code.

• THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

In your vehicle :

.....

.....

.....

In the vehicle of the T.P. :

.....

.....

Outside any vehicle :

.....

.....

• OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent)

.....

.....

.....

Names and addresses of the injured : .....

.....

• RESPONSIBILITY : who is, in your opinion, responsible for the accident and why ?

.....

.....

• INSURANCES ON YOUR VEHICLE :

| T.P. LIABILITY | MATERIAL DAMAGE | FIRE | THEFT | LEGAL PROTECTION | PASSENGERS |
|---|---|---|---|---|---|
| Ins. Co, name | Name | Name | Name | Name | Name |
| Policy n° | Policy n° | Policy n° | Policy n° | Policy n° | Policy n° |

• DO YOU STILL POSSESS ANOTHER REPORT FORM ? no ☐ yes ☐ Made at ..... on .....20 .....

• WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?

☐☐☐ ☐☐☐☐☐☐☐ ☐☐

**Signature**

* Delete where appropriate !

In the event of damage to property other than to the vehicles A and B, give information (owner's identity, address, etc.) here.

If there are injured persons, note here their surname, first name, address, telephone number and, if possible, the nature of their injuries.

When you complete the declaration (on the back of the report form) transcribe this information.

– In your vehicle : .....

.....

.....

.....

– In another vehicle : .....

.....

.....

.....

– Outside any vehicle : .....

.....

.....

.....

– Damage to property other than to the vehicles A and B : .....

.....

.....

.....

# Directions for Use of the Agreed Statement and Accident Report

*This form is in the pattern approved by the European Insurance Committee (C.E.A.)*

**To be used for any motor vehicle accident**

## What to do in case of accident ?

- **If there are injuries :**
  - If the severity of the injuries justifies it, dial 100 which alerts the hospital authorities and the Police.
  - Contact the Police immediately - your are legally obliged to do so - in those cases when it is not necessary to dial 100.
  - Make a note of the name, address and telephone number of the injured persons before they leave the scene (on the inside cover of this report form).
- **If damage to vehicles only :**
  - If you are impeding traffic, traffic regulations require you to remove your vehicle as soon as possible. However, take the precaution of marking on the ground the four corners of the vehicles with chalk or otherwise. Make a note, if appropriate, of brake marks, mud or debris. Photographs are always useful.
  - Call the Police if you think it will be in your interest, for example if the other driver refuses to give his version or to sign the report form.

## How does one fill in the Accident Statement ?

- **At the scene of the accident :**
  1. **Use one copy of the Agreed Statement of Facts** if 2 vehicles are involved (2 copies if 3 vehicles, etc.). **It doesn't matter who supplies it or who completes it.** Preferably use a ball-point pen and press hard ; the carbon copy will be more legible.
  2. **Do not forget,** when filling in the statement ;
     - to refer before replying to the questions ;
       (a) under items 6 and 8, to your insurance documents (certificate or green card) ;
       (b) under item 9, to your driving licence ;
     - to indicate precisely the point of initial impact (item 10) ;
     - to put a cross (X) in each of the spaces level with each of the items relevant to the circumstances (Nos. 1 to 17) of the accident (item 12) and to indicate the number of spaces so marked ;
     - to make a plan of the accident (item 13).
  3. If there were any witnesses to the accident, write down their names and addresses, particularly if you encounter difficulties with the other driver.
  4. **Sign the statement and get it signed by the other driver.** Hand one of the copies to him and keep the other one.
- **When you get home :**
  - Complete the details which your insurer requires, by filling in the accident report on the back of the form.
  - Do not forget to state precisely where and when your vehicle will be available for inspection in order that an assessor may be able to inspect the damage as quickly as possible.
  - **Under no circumstances** alter anything on **the face** of the form.
  - Forward this document **without delay** to your insurer.
- **Special notes :**
  - If the other driver also has a form in the pattern approved by the European Insurance Committee but in a different language, you can agree to use his form. **It is identical with yours** and you can therefore follow the translation from item to item (they are numbered for this purpose) on your own form.
  - The present form can also be used in the case of accidents where no third-party injuries are involved, for example : own damage, theft, fire etc.

*As soon as you receive a new form, put it in the glove compartment of your vehicle.*



# European

# Accident Statement

don't get angry

be polite

keep calm

see directions for use