

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 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 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

No unauthorised reproduction without prior written approval of CEA, holder of copyright. Any alteration or amendment of this document without prior CEA authorisation may give rise to legal action.

**European
Accident Statement**

**don't get angry
be polite
keep calm**

see directions for use

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident	Time	2. Locality : Place:	3. Injury(ies) even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
		Country:	

4. Material damage	
other than to vehicles A and B	objects other than vehicles
no <input type="checkbox"/> yes <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

5. Witnesses : names, addresses, tel.:
.....
.....

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 No	
Green Card No	
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 <input type="checkbox"/>	yes <input type="checkbox"/>

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

Must be signed by both drivers
*Does not constitute an admission of liability, but a summary of
identities and the facts which will speed up the settlement of claims*

13. Sketch of accident when impact occurred	13.
<i>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 streets or roads</i>	

VEHICLE B

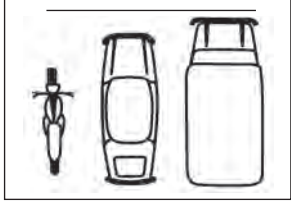
6. Insured/policyholder (see insurance certificate)	
NAME	
First name	
Address	
Postal code:	Country
Tel. or E-mail	

7. Vehicle	
MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)	
NAME	
Policy No	
Green Card No	
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 <input type="checkbox"/>	yes <input type="checkbox"/>

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 →



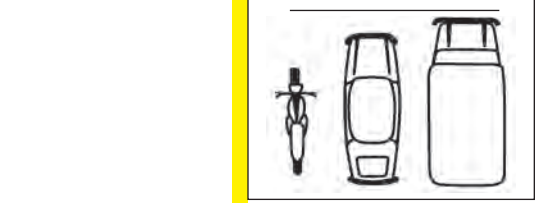
11. Visible damage to vehicle A:
.....
.....
.....

14. My remarks
.....
.....
.....

15. Signature of the drivers	15.
-------------------------------------	------------

A

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



11. Visible damage to vehicle B:
.....
.....
.....

14. My remarks
.....
.....
.....

B

MOTOR ACCIDENT REPORT

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

Insured	1 Occupation (if more than one state all) _____										
Insured Vehicle	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		No		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		No		If no, state where it is at present				
Tel. No. _____											
6	Name and address of Finance Company (if any) _____										
Driver or Person in charge of Vehicle (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		No	
	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		Offense					Penalty			
Injured Persons	10	Name(s), Address(es) and approximate Age(s)				Injuries Sustained		If Vehicle Occupants state in which vehicle		Were seat belts being worn?	
Damage to Property & Vehicles (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)		
Police Action	12	Was the accident reported to the Police?			Yes		No				
	If yes, give station and P.C's name and number _____										
	13	Was warning of prosecution given?			Yes		No				
If yes against whom? _____											
Accident Details	14	Weather conditions _____									
	15	Speed of vehicles		A		B					
	16 What warnings were given by driver or other party? _____										
	17	Were street lights illuminated?			Yes		No				
	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, including width of roads, speed limits, etc _____										
Declaration	I/We declare the foregoing particulars are true in every respect										
Insured's Signature _____ Date _____											

ACCIDENT STATEMENT

Sheet 2/2

1. Date of accident	Time	2. Locality :	Place:
		Country:	3. Injury(ies) even if slight
			no <input type="checkbox"/> yes <input type="checkbox"/>

4. Material damage	
other than to vehicles A and B	objects other than vehicles
no <input type="checkbox"/> yes <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

5. Witnesses : names, addresses, tel.:

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 No	
Green Card No	
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 <input type="checkbox"/> yes <input type="checkbox"/>	

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 <i>*delete where appropriate</i>	↓ B
1	*parked/stopped	1
2	*leaving a parking place/ opening the door	2
3	entering a parking place	3
4	emerging from a car park, from private ground, from 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 the facts which will speed up the settlement of claims*

13. Sketch of accident when impact occurred	13.
<i>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 streets or roads</i>	

VEHICLE B

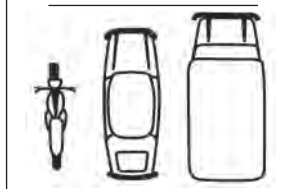
6. Insured/policyholder (see insurance certificate)	
NAME	
First name	
Address	
Postal code:	Country
Tel. or E-mail	

7. Vehicle	
MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)	
NAME	
Policy No	
Green Card No	
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 <input type="checkbox"/> yes <input type="checkbox"/>	

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 →



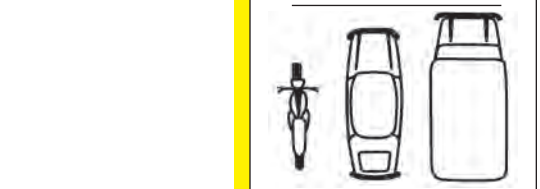
11. Visible damage to vehicle A:

14. My remarks

15. Signature of the drivers

A

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



11. Visible damage to vehicle B:

14. My remarks

B

MOTOR ACCIDENT REPORT

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

Insured	1 Occupation (if more than one state all) _____										
Insured Vehicle	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		No		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		No		If no, state where it is at present				
Tel. No. _____											
6	Name and address of Finance Company (if any) _____										
Driver or Person in charge of Vehicle (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		No	
	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		Offense					Penalty			
Injured Persons	10	Name(s), Address(es) and approximate Age(s)				Injuries Sustained		If Vehicle Occupants state in which vehicle		Were seat belts being worn?	
Damage to Property & Vehicles (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)		
Police Action	12	Was the accident reported to the Police?			Yes		No				
	If yes, give station and P.C's name and number _____										
	13	Was warning of prosecution given?			Yes		No				
If yes against whom? _____											
Accident Details	14	Weather conditions _____									
	15	Speed of vehicles		A		B					
	16 What warnings were given by driver or other party? _____										
	17	Were street lights illuminated?			Yes		No				
	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, including width of roads, speed limits, etc _____										
Declaration	I/We declare the foregoing particulars are true in every respect										
Insured's Signature _____ Date _____											