

# ACCIDENT STATEMENT

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

<b>Material damage</b>	<b>Witnesses: names, addresses, tel.:</b> .....
other than to vehicles A and B <input type="checkbox"/> objects other than vehicles <input type="checkbox"/>	
no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	

VEHICLE A

**6. Insured/policyholder** (see insurance certificate)

NAME: .....

First name: .....

Address: .....

Postal code: ..... Country: .....

Tel. or E-mail: .....

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**7. Vehicle**

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

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**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

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**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

▼	<b>Put a cross in each of the relevant boxes to help explain the drawing</b>	▼
<b>A</b>	<i>* delete where appropriate</i>	<b>B</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 a 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"/> ◀	<b>state number of boxes marked with a cross</b>	▶ <input type="checkbox"/>

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

VEHICLE B

**6. Insured/policyholder** (see insurance certificate)

NAME: .....

First name: .....

Address: .....

Postal code: ..... Country: .....

Tel. or E-mail: .....

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**7. Vehicle**

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

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**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

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**9. Driver** (see driving licence)

NAME: .....

First name: .....

Date of birth: .....

Address: .....

..... Country: .....

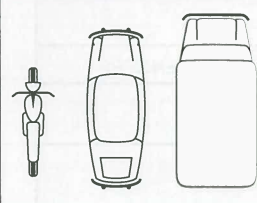
Tel. or E-mail: .....

Driving licence n°: .....

Category (A, B, ...): .....

Driving licence valid until: .....

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



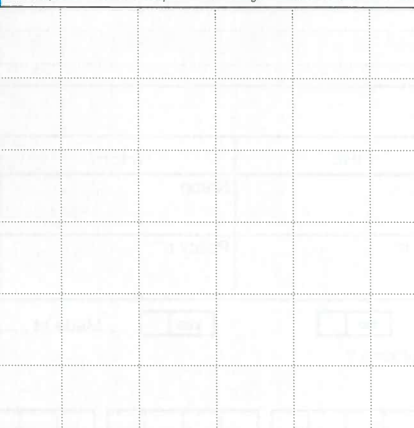
**11. Visible damage to vehicle A:**

.....

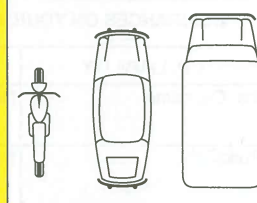
.....

**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



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



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

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**14. My remarks:**

.....

.....

**15. Signatures of the drivers 15.**

.....

.....

**14. My remarks:**

.....

.....

A

B

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claim. It is the responsibility of the insured to provide accurate information. The data may then be processed in the RSP (Special RIS) file of the Economic Interest Grouping (EIG) Delescaer in order to enable a proper risk analysis and conduct insurance fraud. Upon providing proof of their identity, anyone may consult and/or modify their personal data by contacting their insurer or, depending on the case in question, Delescaer. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Delescaer, service de réclamation/Reclamaatien, 25, Square de Meir, B-1000 Brussels.

