Date of accident Time Locality:				Place:		Sheet 1/2 Injury(es) even if slight		
	MA TO SEL	Country:				Carrier Carrier	TORONITA DISTINO LIST	
Material damage			Wi	tnesses: names, addresses,	tel.:			
other than to vehicles A and B					•••••			
no					•••••			
VEHICLE A			12. CIRCUMSTANCES			VEHICLE B		
6. Insured/policyholder (see insurance certificate)			▼	Put a cross in each of the relev		6. Insured/policyholder (see insurance certificate)		
NAME:			Α	boxes to help explain the draw * delete where appropriate	ing B	NAME:		
First name:						First name:		
Address:			2	2 * leaving a parking place/ 2 opening the door				
Postal code: Country:						Postal code: Country:		
Tel. or E-mail:			□3	3 entering a parking place 3		Tel. or E-mail:		
7. Vehicle			□ 4	emerging from a car park,	4 🗆	7. Vehicle		
MOTOR		TRAILER		from private ground, from a trac	ck	MOTOR	TRAILER	
Make, type			□ 5	entering a car park, private ground, a track	5 🗆	Make, type	The sales of the s	
Registration N°	Registra	tion N°	□6	entering a roundabout	6 □	Registration N°	Registration N°	
Country of registration	Country	of registration	□ 7	circulating a roundabout	7 🗆	Country of registration	Country of registration	
			□ 8	striking the rear of the other vehi while going in the same direction				
8. Insurance company (se				and in the same lane	211	8. Insurance company (see insurance certificate)		
NAME:			□9	9 going in the same direction 9		NAME:		
Policy N°:			_ ~	but in a different lane	· -		Policy N°:	
Green Card N°:			□ 10	☐ 10 changing lanes 10 ☐		Green Card N°:		
Insurance Certificate or Green Card valid from: to:			□ 11	overtaking	11 🗆	Insurance Certificate or Green Card valid from:	to Astellar	
Agency (or bureau, or brol							oker):	
NAME:				turning to the right	12 🗌	NAME:		
Address:				turning to the left	13 🗆	Address:		
			11/	reversing	14 🗆			
Tel. or E-mail:			□ 15	encroaching on a lane	15 🗌	Tel. or E-mail:		
Does the policy cover material damage to the vehicle? no □ yes □				reserved for circulation in the opposite direction		Does the policy cover material damage to the vehicle? no □ yes □		
9. Driver (see driving licence)			□ 16	coming from the right	16□	9. Driver (see driving licence)		
NAME:				(at road junctions)				
			1 7	had not observed a right of way sign or a red light	17 🗆	NAME: First name:		
First name:				Montes bus and		Date of birth:		
Address:				state number of boxes marked with a cross		Address:		
Tel. or E-mail:						Tel. or E-mail:		
Driving licence n°:			Does r	Must be signed by BOTH drive not constitute an admission of liability, but a summa.	rs ry of identities	Driving licence n°:		
Category (A, B,):			a	nd of the facts which will speed up the settlement of setch of accident when impact or	of claims	Category (A, B,):		
Driving licence valid until:			Indica	te : 1. the layout of the road - 2. by arrows the direction of the	vehicles A, B	Driving licence valid until:		
10. Indicate the point of			3. their po	sitions at the time of impact - 4, the road signs - 5, names of t	he streets or roads		10. Indicate the point of	
initial impact to vehicle A							initial impact to vehicle B	
by an arrow →							by an arrow →	
						E.m.u		
8						8 1		
							7 14	
Maible damage	=						44 Visible damana	
11. Visible damage to vehicle A:						RESIDENTIAL PROPERTY OF THE COLUMN	11. Visible damage to vehicle B:	
							1.67	
14. My remarks:						44 My nomewice		
in iviy remarks.			15.	Signatures of the drivers	1	14. My remarks:		
			A			3 <	and the second s	

DECLARATION

REPORTING AUTHOR Has an official report been By whom ?	IITY drawn up ?	no	yes	OTHER INFORMATION (IF	ANY)
Number of official report (if Has the driver of your vehi blood test or other test for Has the driver of your vehi	cle been submitted to a alcoholism or drugs ?	no	yes		
alcoholism or drugs?	the authorities having made a report	no	yes		
YOUR VEHICLE : Char Cylinder or power Nature of use at the tin	ssis n°	private - business -	professional *		
nical control REPAIRER : name and					
Immobilized vehicle		no	yes		
THE TRAILER OF YOU Make and type Chassis n°					
Maximum authorized v DRIVER OF YOUR VE Is he the regular driver In what capacity was h His birthday?	HICLE ?	authorized driver - o	yes	agismation Ni vautievol registration	
V.A.T.	activity of the owner of the vehicle	?			
What is his V.A.T. imm Is he authorized to ded damaged good? In the affirmative case	natriculation n° ? duct the V.A.T. regarding the	no no completely - partly '		Any fraud or attempting against the insurance cuted under Article 496	oted fraud perpetrated company shall be prose- of the Penal Code.
Outside any vehicle :					
OTHER MATERIAL D	AMAGE than to vehicles A and	B (nature and extent)			
Names and addresse	s of the injured :				
DESPONSIBILITY : W.	rho is, in your opinion, responsit	ole for the accident and wh	v ?		
- RESPONSIBILITY.W	TIO IS, IT YOU OPINION, TOSPOTON		, .		
INSURANCES ON YOU	OUR VEHICLE :				
	T.P. LIABILITY MATERIAL DAMAGE		THEFT	LEGAL PROTECTION	PASSENGERS
ns. Co, name			Name	Name	Name
Policy n°	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°
	SESS ANOTHER REPORT FOF YOUR POST- OR BANK ACC		yes Made at	on	20
Beneficiary's BIC					
Donollolary & Dio			Signature		