

# ACCIDENT STATEMENT

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

**4 Material damage**  
 Other than to vehicles A and B | objets other than vehicle  
 no  yes  | no  yes

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

## Vehicle A

**6 Insured/policyholder** (see insurance certificate)  
 NAME: .....  
 First name: .....  
 Address: .....  
 Postal code: ..... Country: .....

**7 Vehicle**

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

**8 Insurance company** (see insurance certificate)  
 NAME: .....  
 Policy N.º: .....  
 Green Card N.º: .....  
 Insurance certificate:  
 Or Green Card valid from ..... to .....  
 Agency (or bureau, or broker): .....  
 NAME: .....  
 Address: .....  
 ..... Country: .....

**9 Driver** (see driving licence)  
 Name: .....  
 First name: .....  
 Data of birth: .....  
 Address: .....  
 ..... Country: .....

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

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

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

## 12. CIRCUMSTANCES

**Put a cross in each of the relevant boxes to help explain the drawing**

*\*delete where appropriate*

<p>↓ <b>A</b></p>	<p><input type="checkbox"/> 1 *parked/stopped</p> <p><input type="checkbox"/> 2 *leaving a parking place/ opening the door</p> <p><input type="checkbox"/> 3 entering a parking place</p> <p><input type="checkbox"/> 4 emerging from a car park from private ground, from a track</p> <p><input type="checkbox"/> 5 entering a car park private ground, a track</p> <p><input type="checkbox"/> 6 entering a roundabout</p> <p><input type="checkbox"/> 7 circulating a roundabout</p> <p><input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane</p> <p><input type="checkbox"/> 9 going in the same direction but in a different lane</p> <p><input type="checkbox"/> 10 Changing lanes</p> <p><input type="checkbox"/> 11 overtaking</p> <p><input type="checkbox"/> 12 turning to the right</p> <p><input type="checkbox"/> 13 turning to the left</p> <p><input type="checkbox"/> 14 reversing</p> <p><input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction</p> <p><input type="checkbox"/> 16 coming from the right (at road junctions)</p> <p><input type="checkbox"/> 17 Had not observed a right of way sign or a red light</p> <p><input type="checkbox"/> ← <b>state number of boxes marked with a cross</b> →</p>	<p>↓ <b>B</b></p>
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**Must be signed both drivers**  
*Does not constitute an admission of liability, but a summary of identities and of the facts which 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 directions of the vehicle A, B - 3, their position at the time of impact - 4, the road signs - 5, name of the streets or roads

## Vehicle B

**6 Insured/policyholder** (see insurance certificate)  
 NAME: .....  
 First name: .....  
 Address: .....  
 Postal code: ..... Country: .....

**7 Vehicle**

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

**8 Insurance company** (see insurance certificate)  
 NAME: .....  
 Policy N.º: .....  
 Green Card N.º: .....  
 Insurance certificate:  
 Or Green Card valid from ..... to .....  
 Agency (or bureau, or broker): .....  
 NAME: .....  
 Address: .....  
 ..... Country: .....

**9 Driver** (see driving licence)  
 Name: .....  
 First name: .....  
 Data of birth: .....  
 Address: .....  
 ..... Country: .....

**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**

Personal data submitted will be processed and used by insurance companies with the sole purpose of handling the claims deriving from the accident that originated the Declaration Subjects will be entitled to exercise their rights of access, oppositions and cancellation in accordance with the provisions of Organic Law 15/1999, regarding the Protection of Personal Data.

# statement:

To be complemented by the policyholder. Submit to the insurance Company during the 7 days after the accident takes place.



Has a passager policy YES  NO

Space reserved  
the insurance Company

**16. NAME OF INSURED:** .....

**17. DESCRIPTION OF ACCIDENT:** .....

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

**18. INTERVENTION OF AUTHORITIES:** YES  NO

AGENT THAT INTERVENED .....

**19. INFORMATION REGARDING THE INSURED VEHICLE:**

TYPE .....USE .....COLOUR .....  
MERCHANDISE: OWN  THIRD PARTY   
USUAL PLACE OF GARAGE:.....

**20. INFORMATION REGARDING THE DRIVER OF THE INSURED VEHICLE:**

NAME .....  
LAST NAME .....  
AGE .....GENDER .....STATUS .....  
PROFESSION .....TFNO .....  
ANTIQUITY OF LICENCE: LESS THAN TWO YEARS YES  NO   
REGULAR DRIVER YES  NO   
SALARY EARNER OR EMPLOYEE OF THE POLICYHOLDER SI  NO   
KINSHIP OR RELATIONSHIP WITH THE POLICYHOLDER .....

**21. EXPERT APPRAISAL:**

INSURED VEHICLE: Colour .....Repair Shop .....  
OPPOSING VEHICLE: Colour .....Repair Shop .....  
OTHER INFORMATION:.....

**22. OTHER VEHICLES INVOLVED:** (in addition to A and B)

	VEHICLE C	VEHICLE D
NAME .....	.....	.....
LAST NAME.....	.....	.....
MAKE .....	.....	.....
MODEL.....	.....	.....
REGISTRATION NUM.....	.....	.....
INSURANCE COMPANY .....	.....	.....
POLICY NUMBER .....	.....	.....
VISIBLE DAMAGE .....	.....	.....

**23. DAMAGE TO OBJECTS AND ANIMALS:** .....

**24. DAMAGE TO INDIVIDUALS. VICTIMS:** (in there are more than two victims use a separate statement)

NAME.....	.....	.....
LAST NAME.....	.....	.....
ADDRESS .....	.....	.....
AGE AND STATUS .....	AGE <input type="checkbox"/> STATUS.....	AGE <input type="checkbox"/> STATUS.....
PROFESSION AND GENDER .....	PROFESSION .....GENDER .....	PROFESSION .....GENDER .....
KINSHIP WITH DRIVER .....	.....	.....
KINSHIP WITH POLICYHOLDER .....	.....	.....
SALARY EARNED FROM POLICYHOLDER .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONDITION OF VICTIM .....	{ PEDESTRIAN <input type="checkbox"/>	{ PEDESTRIAN <input type="checkbox"/>
DESCRIPTION OF INJURIES .....	{ DRIVER OF VEHICLE <b>A B C D</b>	{ DRIVER OF VEHICLE <b>A B C D</b>
ASSISTANCE CENTER.....	{ PASSENGER IN VEHICLE <b>A B C D</b>	{ PASSENGER IN VEHICLE <b>A B C D</b>

In .....of .....of .....  
SIGNATURE OF THE POLICYHOLDER

(In case of lack of signature of the policyholder, indicated the reasons and the person signing on his/her behalf).

**25. REMARKS:** .....

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