## **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, <u>BUT you must ensure</u> that 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

- Get details of all witnesses before they leave.
   Complete question 5.
- Preferably using a ballpoint pen, complete fully either the blue or the yellow part of the Agreed Statement of Facts (you will need to refer to your insurance certificate, green card and driving licence).
- When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15).
- 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

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## European Accident Statement

don't get angry

be polite

keep calm

see directions for use

#### agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

identifies and of the facts which will s			Must be signed by BOTH drivers												
1. date of accident time	2. place (exact location of accident)								3. injuries even if slight no yes *						
4. property damage other than to the vehicles A and B	5. witnesses names, addresses and tel. nos. (to be								ue underlined if it relates to passenger in A or B)						
vehicle A				12. cir				ы		vehicle B					
6 inquired reliable later (see incurrence	V	Put a cross (X) in each						6. insured policyholder (see insurance cert.)							
<b>6. insured</b> policyholder (see insurance		of the relevant spaces to						o. ilisureu po	olicyholder (see insurance cert.)						
Name	A	help explain the plan.					В	Name							
(capital letters) First name	П	1	parked	(at the r	roadside)	1		(capital letters)							
		, , , , , , , , , , , , , , , , , , , ,													
Address		leaving a parking place (at the roadside)						Address							
			entering a parking place												
		3 (at the roadside)													
Tel. No. (from 9 hrs. to 17 hrs.)									Tol No /from 0	hrs. to 17 hrs.)					
Can the insured recover the Value Added	d Tay		4 emerging from a car park, from private 4 grounds, from a track				private 4		,	recover the Value Added Tax					
			antaring a par park private												
on the verticle?	yes		5 entering a car park, private 5						on the vehicle? no yes						
7. vehicle									7. vehicle						
Make, type			6 entering a roundabout (or similar traffic system)						Make, type						
Registration No. (or engine No.)			· · ·							(or engine No.)					
			7 c	irculating	in a rou	ndabout	etc. 7								
8. insurance company			striking the rear of the other				8. insurance company								
		ш	8 vehicle while going in the same direction and in the same lane				ame 8								
Policy No							hut		Policy No						
Agent (or broker)		ш	going in the same direction but in a different lane				9		Agent (or broker)						
<b>5</b>							40		ŭ (	,					
Green Card No. (if issued)			10 changing lanes 10						Green Card No. (if issued)						
Ins Cert. or } valid until		ш	11 overtaking 11				11	-	Ins Cert. or } valid until						
Green Card )		н	12 turning to the right				12								
Is damage to the vehicle insured?		ч							Is damage to the	ne vehicle insured?					
no j	yes		13 turning to the left 13				13			no yes					
9. driver (see driving licence)									9. driver (see	driving licence)					
		14 reversing				14		· · · · · · · · · · · · · · · · · · ·							
Name(capital letters)		anavasahing in the annasite						Name (capital letters)							
First name		15 encroaching in the opposite 15 traffic lane				ite 15		First name							
Address		1c coming from the right						Address							
		ш	16 (at road junctions) 16  17 not observing a right of way 17												
Driving licence No.									Driving licence No						
Groups Issued by		Н							Groups Issued by						
			← State TOTAL number of ← spaces marked with a cross						valid fromto						
valid fromto							cross	Ш							
10. indicate by an arrow			13.	plan c	of the	acci	dent			10. indicate by an arrow					
the point of initial impact Ind	icate: 1. the la	yout	of the	road - 2.	by arr	ows the	direction	oft	the vehicles A, B-	the point of initial impact					
3.1	tne t	ime of ii	npact - 4.	tne roa	aa signs	- 5. names	S OT U	he streets or roads							
*										*					
44 1 11 1										44					
11. visible damage										11. visible damage					
14 remarks			15. s	ignatu	res o	f the	drivers	1	14 remarks						
			_	-			_								
		A B				В									
	Λ						D								

#### 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	Occupation (if more than one state all)											
	2	2 Make/Model/Type		C.C.		cial vehicle sta			Date of fi		D	Pagistration mark		
	_	iviake/iviouei/ ry	pe	0.0.	carrying ca	pacity and g.p	.p.w. reg		gistration as new		Registration mark			
		Please give/confirm instructions on my/our behalf (where appropriate) for the repairs												
	,	_												
	3	Are you the Ov	mer?	Yes	No		11 110, 3	Owner's name and address						
Insured Vehicle	_													
vernicie	4	Exact purpose f	or which vehi	cle was being	used at time of	f accident								
	_													
	5	5 Is the vehicle still in use? Yes No If no, state where it is at present												
	_	Tel. No												
	6	6 Name and address of Finance Company (if any)												
				Occupation	Date driving Wa			as he drivi	na with	Was he your				
	7	Date of Birth	(if mo	re than one,	state all)	test pass	your permission				employee?			
Driver or								Yes	1	10	Yes	No		
Person in charge of Vehicle	8													
(if the	_													
Insured complete											Penalty	analty		
this section as appropri-		Date			Offerice			Fenally						
ate)														
						I					. 1			
	10	Name(s), Addre	ess(es) and a	pproximate A	e(s) Injuries Sustained			d	If Vehicle Occupants state in which vehicle			Were seat belts being worn?		
Injured														
Persons														
	_													
	11	Owner(s) Name	e(s) and Addr	ess(es)		of Vehicle roperty Nature			ure of Damage			urer's Name and Address		
Damage to Property	<del></del>	Owner(o) realis	2(0) 4114 71441		or Pr							(if known)		
& Vehicles														
(other than vehi- cles 'A' & 'B' overleaf)														
	12		·		Yes	No	0							
Police Action		If yes, give station and P.C's name and number												
	13	Was warning of prosecution given?  Yes  No												
		If yes against whom?												
	14 Weather Conditions													
	15	Speed of vehicles B B												
Accident	16													
	<ul> <li>17 Were street lights illuminated?</li> <li>18 What lights were displayed on your vehicle/the other vehicle(s)?</li> </ul>													
Details	19 If your vehicle is commercial state weight of load carried at time of accident													
	20 State how accident happened, indicating width of roads, speed limits, etc.													
Declaration		I/We declare th			-	spect								
		Insured's Sign	ature							Date				