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

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 — no ☐ yes ☐ *

5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)

vehicle A

6. insured policyholder *(see insurance cert.)*

Name _____
(capital letters)
First name _____

Address _____

Tel. No. *(from 9 hrs. to 17 hrs.)* _____

Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company _____

Policy No. _____

Agent (or broker) _____

Green Card No. *(if issued)* _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name _____
(capital letters)
First name _____

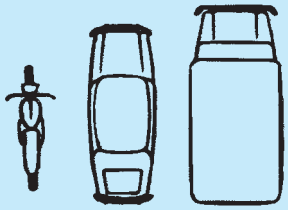
Address _____

Driving licence No. _____

Groups Issued by _____

valid from _____ to _____

10. indicate by an arrow the point of initial impact



11. visible damage

14 remarks

A

12. circumstances

Put a cross (X) in each of the relevant spaces to help explain the plan.

A			B
☐	1	parked (at the roadside)	1 ☐
☐	2	leaving a parking place (at the roadside)	2 ☐
☐	3	entering a parking place (at the roadside)	3 ☐
☐	4	emerging from a car park, from private grounds, from a track	4 ☐
☐	5	entering a car park, private grounds, a track	5 ☐
☐	6	entering a roundabout (or similar traffic system)	6 ☐
☐	7	circulating in a roundabout etc.	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 in the opposite traffic lane	15 ☐
☐	16	coming from the right (at road junctions)	16 ☐
☐	17	not observing a right of way sign	17 ☐
☐		← State TOTAL number of spaces marked with a cross →	☐

vehicle B

6. insured policyholder *(see insurance cert.)*

Name _____
(capital letters)
First name _____

Address _____

Tel. No. *(from 9 hrs. to 17 hrs.)* _____

Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company _____

Policy No. _____

Agent (or broker) _____

Green Card No. *(if issued)* _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name _____
(capital letters)
First name _____

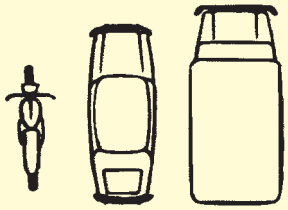
Address _____

Driving licence No. _____

Groups Issued by _____

valid from _____ to _____

10. indicate by an arrow the point of initial impact



11. visible damage

14 remarks

B

13. plan of the accident

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 the streets or roads

15. signatures of the drivers

A B

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back →

LONSDALE PRINT SOLUTIONS LTD. +44 (0)1933 22 88 55