

ACCIDENT STATEMENT

1 Date of accident: _____ Time: _____

2 Locality: _____ Place: _____

Country: _____

3 Injury(es) even if slight

no yes

4 Material damage

other than to vehicles A and B objects other than vehicles

no yes no yes

5 Witnesses: names, addresses, tel.: _____

Vehicle A

6 Insured/policyholder (see insurance certificate)

NAME: _____

First name: _____

Address: _____

Postal code: _____ Country: _____

Tel. or E-mail: _____

7 Vehicle

MOTOR	TRAILER
Make, type: _____	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: _____

Tel. or E-mail: _____

Does the policy cover material damage to the vehicle?

no yes

9 Driver (see driving licence)

NAME: _____

First name: _____

Date of birth: _____

Address: _____

Country: _____

Tel. or E-mail: _____

Driving licence n.º: _____

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:

14 My remarks:

12. CIRCUMSTANCES

- ↓ Put a cross in each of the relevant boxes to help explain the drawing ↓
- A** *delete where appropriate
- 1 * parked/stopped
 - 2 *leaving a parking place/ opening the door
 - 3 entering a parking place
 - 4 emerging from a car park from private ground, from a track
 - 5 entering a car park private ground, a track
 - 6 entering a roundabout
 - 7 circulating a roundabout
 - 8 striking the rear of the other vehicle while going in the same direction and in the same lane
 - 9 going in the same direction but in a different lane
 - 10 changing lanes
 - 11 overtaking
 - 12 turning to the right
 - 13 turning to the left
 - 14 reversing
 - 15 encroaching on a lane reserved for circulation in the opposite direction
 - 16 coming from the right (at road junctions)
 - 17 had not observed a right of way sign or a red light
- ← state number of boxes marked with a cross →

Must be signed 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

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 position at the time of impact - 4. the road signs - 5. names of the streets or roads.

Vehicle B

6 Insured/policyholder (see insurance certificate)

NAME: _____

First name: _____

Address: _____

Postal code: _____ Country: _____

Tel. or E-mail: _____

7 Vehicle

MOTOR	TRAILER
Make, type: _____	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: _____

Tel. or E-mail: _____

Does the policy cover material damage to the vehicle?

no yes

9 Driver (see driving licence)

NAME: _____

First name: _____

Date of birth: _____

Address: _____

Country: _____

Tel. or E-mail: _____

Driving licence n.º: _____

Category (A, B,): _____

Driving licence valid until: _____

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 regenerated the Declaration. Subjects will be entitled to exercise their rights of access, opposition and cancellation in accordance with the provisions of Organic Law 15/1999, regarding the Protection of Personal Data.