

## **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, **BUT** you must ensure 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**

1. Get details of all witnesses before they leave.  
Complete question 5.
2. 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).
3. When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15).
4. 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**



# MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers

(Use a separate sheet of paper where necessary)

<b>Insured</b>	1 Occupation (if more than one state all) _____				
<b>Insured Vehicle</b>	2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark
	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs				
	3 Are you the Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state Owner's name and address _____	
	4 Exact purpose for which vehicle was being used at time of accident _____				
	5 Is the vehicle still in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present _____ Tel. No. _____	
	6 Name and address of Finance Company (if any) _____				
<b>Driver or Person in charge of Vehicle</b>  (if the Insured complete this section as appropriate)	7 Date of Birth	Occupation (if more than one, state all)	Date driving test passed	Was he driving with your permission?	Was he your employee?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions				
	Date	Offence	Penalty		
<b>Injured Persons</b>	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?
<b>Damage to Property &amp; Vehicles</b>  (other than vehicles 'A' & 'B' overleaf)	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)
<b>Police Action</b>	12 Was the accident reported to Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, give station and P.C.'s name and number _____				
	13 Was warning of prosecution given?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes against whom? _____					
<b>Accident Details</b>	14 Weather Conditions _____				
	15 Speed of vehicles	A <input type="text"/>	B <input type="text"/>		
	16 What warnings were given by driver or other party? _____				
	17 Were street lights illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	18 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	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. _____					
_____					
_____					
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect				
	Insured's Signature _____			Date _____	