

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	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)
 NAME: _____
 Policy N°: _____
 Green Card N°: _____
 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°: _____
 Category (A, B, ...): _____
 Driving licence valid until: _____

12. CIRCUMSTANCES

↓ Put a cross in each of the relevant boxes to help explain in the drawing *delete where appropriate ↓

<p>A</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>B</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</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>
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← state number of boxes marked with a cross →

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	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)
 NAME: _____
 Policy N°: _____
 Green Card N°: _____
 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°: _____
 Category (A, B, ...): _____
 Driving licence valid until: _____

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

10. Indicate the point of initial impact to vehicle B by an arrow →

11. Visible damage to vehicle A:

11. Visible damage to vehicle B:

14. My remarks:

15. Signatures of the drivers

14. My remarks:

