

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident _____

Time _____

2. Place _____

VEHICLE A

6. Policyholder/Insured
(see insurance certificate)

Surname _____

First name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

7.1 Motor vehicle	7.2 Trailer
Make, type _____	
Registration number _____	Registration number _____
Country of registration _____	Country of registration _____

8. Insurance company
(see insurance certificate)

Company name _____

Policy number _____

Green Card number _____

Insurance certificate/Green Card valid
from _____ to _____

Agency (office or broker) _____

Name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

Is damage to the vehicle insured under the policy?
☐ no ☐ yes

9. Driver (see driving licence)

Surname _____

First name _____

Date of birth _____

Address _____

Postcode _____ Country _____

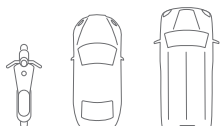
Phone/ email _____

Driving licence no. _____

Category (A,B,...) _____

Licence valid until _____

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

3. Injuries

Injured/slightly injured? ☐ no ☐ yes

4. Material damage

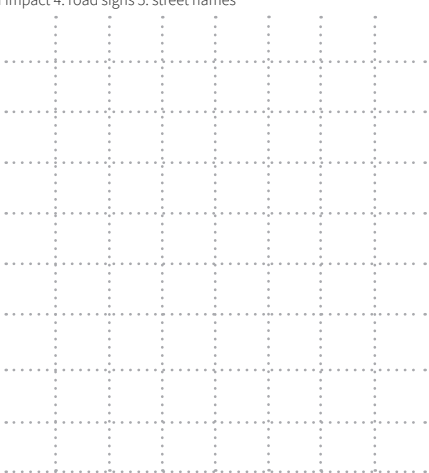
to vehicles other than A and B ☐ no ☐ yes

to objects other than vehicles ☐ no ☐ yes

12. Circumstances
Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

A		B
01 ☐	was parked / was stationary	01 ☐
02 ☐	was leaving a parking place / was opening a car door	02 ☐
03 ☐	was pulling into a parking place	03 ☐
04 ☐	was leaving a car park, private property or a track	04 ☐
05 ☐	was entering a car park, private property or a track	05 ☐
06 ☐	was entering a roundabout	06 ☐
07 ☐	was driving on a roundabout	07 ☐
08 ☐	struck the rear of the other vehicle while going in the same direction and in the same lane	08 ☐
09 ☐	was going in the same direction, but in a different lane	09 ☐
10 ☐	was changing lanes	10 ☐
11 ☐	was overtaking	11 ☐
12 ☐	was turning right	12 ☐
13 ☐	was turning left	13 ☐
14 ☐	was reversing	14 ☐
15 ☐	was crossing into the oncoming lane	15 ☐
16 ☐	was coming from the right (at a junction)	16 ☐
17 ☐	had ignored a priority sign or a red light	17 ☐
☐	Enter the number of boxes marked with a cross.	☐

13. Sketch of the accident at the moment of impact
Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers

_____ **A**

_____ **B**

5. Witnesses (underline passengers)

Names, addresses, phone numbers _____

VEHICLE B

6. Policyholder/Insured
(see insurance certificate)

Surname _____

First name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

7.1 Motor vehicle	7.2 Trailer
Make, type _____	
Registration number _____	Registration number _____
Country of registration _____	Country of registration _____

8. Insurance company
(see insurance certificate)

Company name _____

Policy number _____

Green Card number _____

Insurance certificate/Green Card valid
from _____ to _____

Agency (office or broker) _____

Name _____

Address _____

Postcode _____ Country _____

Phone/ email _____

Is damage to the vehicle insured under the policy?
☐ no ☐ yes

9. Driver (see driving licence)

Surname _____

First name _____

Date of birth _____

Address _____

Postcode _____ Country _____

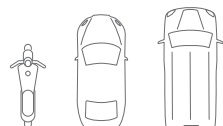
Phone/ email _____

Driving licence no. _____

Category (A,B,...) _____

Licence valid until _____

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks
