



Accident Report

Does **not** constitute an admission of liability, just a statement of identity and the circumstances.

1 Date of accident
Time

2 Locality · Country · Place

3 Injuries even if slight
no ☐ yes ☐

4 Material damage
other than to vehicles A and B: ☐ no ☐ yes ☐
objects other than vehicles: ☐ no ☐ yes ☐

5 Witnesses: names, addresses, tel. _____

Vehicle A

6 Insured/policyholder*
Surname _____
First name _____
Address _____
Postcode _____ Country _____
Tel. or e-mail _____

7 Vehicle
Motor: Make, type _____
Registration No. _____
Country of registration _____
Trailer: Registration No. _____
Country of registration _____

8 Insurance company
Surname _____
Policy No. _____
Green Card No. _____
Insurance Certificate or Green Card valid from _____ to _____
Agency (or bureau, or broker) _____
Address _____
Country _____
Tel. or e-mail _____
Does the policy cover material damage to the vehicle? ☐ no ☐ yes ☐

9 Driver
Surname _____
First name _____
Date of birth _____
Address _____
Country _____
Tel. or email _____
Driving licence No. _____
Category (A, B, ...) _____
Driving licence valid until: _____

Circumstances

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

A	What happened?	B
1	* parked / stopped	1
2	* leaving a parking space / opening a vehicle door	2
3	entering a parking space	3
4	*emerging from a parking space, from private premises, from a track	4
5	*entering a parking space, private premises, a track	5
6	entering a roundabout	6
7	circulating a roundabout	7
8	striking the rear of the other vehicle in the same line of traffic and travelling in the same direction	8
9	going in the same direction but in a different line of traffic	9
10	changing lines of traffic	10
11	overtaking	11
12	turning to the right	12
13	turning to the left	13
14	reversing	14
15	changing to a lane reserved for traffic in the opposite direction	15
16	coming from the right (at a junction)	16
17	had not observed a priority sign or a red light	17

☐ ← State the number of boxes marked with a cross → ☐

13 Sketch of accident when impact occurred
Complete your sketch later: www.AccidentSketch.com
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*
Surname _____
First name _____
Address _____
Postcode _____ Country _____
Tel. or e-mail _____

7 Vehicle
Motor: Make, type _____
Registration No. _____
Country of registration _____
Trailer: Registration No. _____
Country of registration _____

8 Insurance company
Surname _____
Policy No. _____
Green Card No. _____
Insurance Certificate or Green Card valid from _____ to _____
Agency (or bureau, or broker) _____
Address _____
Country _____
Tel. or e-mail _____
Does the policy cover material damage to the vehicle? ☐ no ☐ yes ☐

9 Driver
Surname _____
First name _____
Date of birth _____
Address _____
Country _____
Tel. or email _____
Driving licence No. _____
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: _____

Your Sketch of the accident:

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

14 My remarks: _____

A →

← B