1978

agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

1. date of accident	time	**2. place** (exact location of accident)	**3. injuries** even if slight no ☐ yes ☐ *
4. property damage other than to the vehicles A and B no ☐ yes ☐ *		**5. witnesses** names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

vehicle A

6. insured policyholder *(see insurance cert.)*

Name _____
(capital letters)
First name _____
Address _____
_____
_____
Tel. No. *(from 9 hrs. to 17 hrs.)* _____
Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____
Registration No. (or engine No.) _____

8. insurance company _____
_____
Policy No. _____
Agent (or broker) _____
_____
Green Card No. *(if issued)* _____
Ins Cert. or Green Card } valid until _____
Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name _____
(capital letters)
First name _____
Address _____
Driving licence No. _____
Groups Issued by
_____
valid from _____ to _____

10. indicate by an arrow the point of initial impact

11. visible damage

_____
_____
_____

14 remarks _____
_____
_____
_____

A

12. circumstances

Put a cross (X) in each of the relevant spaces to help explain the plan.

A			B
☐	1	parked (at the roadside)	1 ☐
☐	2	leaving a parking place (at the roadside)	2 ☐
☐	3	entering a parking place (at the roadside)	3 ☐
☐	4	emerging from a car park, from private grounds, from a track	4 ☐
☐	5	entering a car park, private grounds, a track	5 ☐
☐	6	entering a roundabout (or similar traffic system)	6 ☐
☐	7	circulating in a roundabout etc.	7 ☐
☐	8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 ☐
☐	9	going in the same direction but in a different lane	9 ☐
☐	10	changing lanes	10 ☐
☐	11	overtaking	11 ☐
☐	12	turning to the right	12 ☐
☐	13	turning to the left	13 ☐
☐	14	reversing	14 ☐
☐	15	encroaching in the opposite traffic lane	15 ☐
☐	16	coming from the right (at road junctions)	16 ☐
☐	17	not observing a right of way sign	17 ☐
☐		← State TOTAL number of spaces marked with a cross →	☐

13. plan of the accident

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

15. signatures of the drivers

A B

A

vehicle B

6. insured policyholder *(see insurance cert.)*

Name _____
(capital letters)
First name _____
Address _____
_____
_____
Tel. No. *(from 9 hrs. to 17 hrs.)* _____
Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____
Registration No. (or engine No.) _____

8. insurance company _____
_____
Policy No. _____
Agent (or broker) _____
_____
Green Card No. *(if issued)* _____
Ins Cert. or Green Card } valid until _____
Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name _____
(capital letters)
First name _____
Address _____
Driving licence No. _____
Groups Issued by
_____
valid from _____ to _____

10. indicate by an arrow the point of initial impact

11. visible damage

_____
_____
_____

14 remarks _____
_____
_____
_____

B

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back →

MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one state all) _____

Insured Vehicle

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 ☐ No ☐ 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 ☐ No ☐ If no, state where it is at present _____ Tel. No. _____

6 Name and address of Finance Company (if any) _____

Driver or Person in charge of Vehicle (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 ☐	No ☐	Yes ☐	No ☐

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

Injured Persons

10 Name(s), Address(es) and approximate Age(s)	Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?

Damage to Property & Vehicles (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)

Police Action

12 Was the accident reported to Police Yes ☐ No ☐

If yes, give station and P.C's name and number _____

13 Was warning of prosecution given? Yes ☐ No ☐

If yes against whom? _____

Accident Details

14 Weather Conditions _____

15 Speed of vehicles A ☐ B ☐

16 What warnings were given by driver or other party? _____

17 Were street lights illuminated? Yes ☐ No ☐

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. _____

Declaration

I/We declare the foregoing particulars are true in every respect

Insured's Signature _____ Date _____