IMPORTANT - PLEASE READ THIS CAREFULLY

Directions for use of the European Accident Statemen

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, <u>BUT you must ensure</u> 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

- Get details of all witnesses before they leave.
 Complete question 5.
- 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, fo 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

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

:	· ·				<u> </u>						
1. date of accident time	2. place (exa	act I	ocation of accident)		3. injuries even if slight no yes *						
4. property damage other than to the vehicles A and B	5. witnesse	S r	ames, addresses and tel. nos. (to b	nderlined if it relates to passenger in A or B)							
iio yes											
vehicle A		Г	12. circumstances	J	vehicle B						
6. insured policyholder (see insurar	nce cert.)	٧	Put a cross (X) in each of the relevant spaces to		6. insured policyholder (see insurance cert.)						
Namo	Δ	help explain the plan.	B	Name							
Name (capital letters) First name		ì	parked (at the roadside) 1	E	(capital letters) First name						
Address			leaving a parking place		Address						
		4	2 (at the roadside) 2								
		٦	3 entering a parking place 3 (at the roadside)								
Tel. No. (from 9 hrs. to 17 hrs.)			Tel. No. (from 9 hrs. to 17 hrs.)								
Can the insured recover the Value Add	ed Tax		4 emerging from a car park, from private 4 grounds, from a track	1	Can the insured recover the Value Added Tax						
on the vehicle?			5 entering a car park, private 5 grounds, a track		on the vehicle? no yes						
7. vehicle			grounds, a traok		7. vehicle						
Make, type			6 entering a roundabout 6 (or similar traffic system)		Make, type						
Registration No. (or engine No.)				Registration No. (or engine No.)							
-		4	7 circulating in a roundabout etc. 7	4							
8. insurance company			striking the rear of the other 8 vehicle while going in the same 8 direction and in the same lane	8. insurance company							
Policy No.			going in the same direction but		Policy No.						
Agent (or broker)			in a different lane		Agent (or broker)						
Green Card No. (if issued)			10 changing lanes 10	Green Card No. (if issued)							
Ins Cert. or) walled wat!!			11 overtaking 11	-	Ins Cert. or } valid until						
Green Card \ \ valid until Is damage to the vehicle insured?			12 turning to the right 12		Is damage to the vehicle insured?						
no	yes	٦	13 turning to the left 13		no yes						
9. driver (see driving licence)					9. driver (see driving licence)						
Name			14 reversing 14		Name						
(capital letters) First name			15 encroaching in the opposite 15		(capital letters) First name						
			trailic lane		Address						
Address			16 (at road junctions) 16								
Driving licence No Groups Issued by			17 not observing a right of way 17 sign		Driving licence No Groups Issued by						
valid fromto			← State TOTAL number of → spaces marked with a cross		valid fromto						
10. indicate by an arrow			13. plan of the accident		10. indicate by an arrow						
the point of initial impact			of the road - 2. by arrows the direction ne of impact - 4. the road signs - 5. names		the vehicles A, B- the point of initial impact						
希 []				_							
				_							
11. visible damage					11. visible damage						
14 remarks			15. signatures of the drivers		14 remarks						
					14 Telliarks						
			A B	3	-						
			_								
		Δ		В							

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)											
	2	Make/Model/Type				cial vehicle state apacity and g.p.w.		Date of first registration as ne			Registration mark		
	3	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs Are you the Owner? Yes No If no, state Owner's name and address											
Insured Vehicle	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	Tel. No Name and address of Finance Company (if any)											
	7	Date of Birth	Occupation re than one, s	tate all)	Date driving test passed			Was he driving your permissio			Was he your employee?		
Driver or Person								Yes		No	Yes	Yes No	
in charge of Vehicle	8	Give details of any impairment of sight or hearing and of any other disability											
(if the Insured	9	Full details of all driving convictions including pending prosecutions											
complete this section as appropri-		Date			Penalty								
ate)													
								.	If Ve	hicle Occu	nants	Were s	eat belts
Injured Persons	10	Name(s), Address(es) and approximate Age(s)				Injuries Sustained			state in which vehicle being v				
			Details	of Vehicle			Insurer's Name and Address						
Damage to Property & Vehicles	11	1 Owner(s) Name(s) and Address(es)				roperty		ature of Damage		je "	(if known)		
(other than vehi-													
'B' overleaf)	_												
	12	Was the accide	ent reported to	Police	Yes		No						
Police Action		If yes, give station and P.C's name and number											
	13	Was warning of prosecution given? Yes No											
		If yes against whom?											
	14 Weather Conditions 15 Speed of vehicles A B												
Accident Details	16												
	17	17 Were street lights illuminated? Yes No											
	18	(,											
	19	 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. 											
	,												
		I/We declare th	e foregoing pa	articulars are t	true in every re	spect							
Declaration		Insured's Sign								Date			