Pages 1-2 are for your insurance company and pages 3-4 are for the other party's insurance company. Remove this page before using the printed European Accident Statement.

1. First ACCIDENT STATEMENT page

Fill in this page. If another party is involved in the accident, they must fill in the other column. If you don’t agree with the information the other party has provided, you can mention this in the "My remarks" section. You must both sign the page at the bottom. Keep this page and send it to your insurance company.

2. First DECLARATION page

Fill in this page as soon as possible. Sign the page at the bottom, and send it to your insurance company.

3. Second ACCIDENT STATEMENT page

If another party is involved in the accident, you and the other party must fill in the columns on this page in exactly the same way as on the first ACCIDENT STATEMENT page. If you don’t agree with the information the other party has provided, you can mention this in the "My remarks" section. You must both sign the page at the bottom. The other party keeps this page, and sends it to their insurance company.

4. Second DECLARATION page

The other party must fill in this page as soon as possible, sign it at the bottom, and send it to their insurance company.
# ACCIDENT STATEMENT

**Date of accident:** [ ]
**Time:** [ ]

**Locality:** [ ]
**Place:** [ ]

**Injuries even if slight:** [ ]

**Material damage:**
- [ ] other than to vehicles A and B
- [ ] objects other than vehicles

**Witnesses:** names, addresses, tel.: [ ]

---

## VEHICLE A

6. **Insured/policyholder** (see insurance certificate)

**NAME:** [ ]
**First name:** [ ]
**Postal code:** [ ]
**Country:** [ ]
**Tel. or E-mail:** [ ]
**Registration N°** [ ]
**Country of registration** [ ]
**Make, type** [ ]
**Country of registration** [ ]
**Registration N°** [ ]

7. **Vehicle**

<table>
<thead>
<tr>
<th>Motor</th>
<th>Trailer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make, type</td>
<td>Registration N°</td>
</tr>
<tr>
<td>Address</td>
<td>Country of registration</td>
</tr>
</tbody>
</table>

8. **Insurance company** (see insurance certificate)

**NAME:** [ ]
**Policy N°:** [ ]
**Green Card N°:** [ ]
**Insurance Certificate or Green Card valid from:** [ ]
**Agency (or bureau, or broker):** [ ]
**NAME:** [ ]
**Address:** [ ]
**Tel. or E-mail:** [ ]
**Does the policy cover material damage to the vehicle?** [ ]

9. **Driver** (see driving licence)

**NAME:** [ ]
**First name:** [ ]
**Postal code:** [ ]
**Country:** [ ]
**Tel. or E-mail:** [ ]
**Driving licence n°:** [ ]
**Category (A, B, ...):** [ ]

---

## VEHICLE B

6. **Insured/policyholder** (see insurance certificate)

**NAME:** [ ]
**First name:** [ ]
**Postal code:** [ ]
**Country:** [ ]
**Tel. or E-mail:** [ ]
**Registration N°** [ ]
**Country of registration** [ ]
**Make, type** [ ]
**Country of registration** [ ]
**Registration N°** [ ]

7. **Vehicle**

<table>
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**NAME:** [ ]
**Policy N°:** [ ]
**Green Card N°:** [ ]
**Insurance Certificate or Green Card valid from:** [ ]
**Agency (or bureau, or broker):** [ ]
**NAME:** [ ]
**Address:** [ ]
**Tel. or E-mail:** [ ]
**Does the policy cover material damage to the vehicle?** [ ]

9. **Driver** (see driving licence)

**NAME:** [ ]
**First name:** [ ]
**Postal code:** [ ]
**Country:** [ ]
**Tel. or E-mail:** [ ]
**Driving licence n°:** [ ]
**Category (A, B, ...):** [ ]

---

12. **CIRCUMSTANCES**

**A**

- [ ] Put a cross in each of the relevant boxes to help explain the drawing
- [ ] defending where appropriate
- [ ] leaving a parking place / opening the door
- [ ] entering a parking place
- [ ] emerging from a car park, from private ground, from a track
- [ ] entering a car park, private ground, a track
- [ ] entering a roundabout
- [ ] striking the rear of the other vehicle while going in the same direction and in the same lane
- [ ] going in the same direction but in a different lane
- [ ] changing lanes
- [ ] overtaking
- [ ] turning to the right
- [ ] turning to the left
- [ ] reversing
- [ ] encroaching on a lane reserved for circulation in the opposite direction
- [ ] coming from the right (at road junctions)
- [ ] had not observed a right of way sign or a red light
- [ ] state number of boxes marked with a cross

**B**

- [ ] leaving a parking place
- [ ] opening the door
- [ ] entering a parking place
- [ ] emerging from a car park, from private ground, from a track
- [ ] entering a car park, private ground, a track
- [ ] entering a roundabout
- [ ] striking the rear of the other vehicle while going in the same direction and in the same lane
- [ ] going in the same direction but in a different lane
- [ ] changing lanes
- [ ] overtaking
- [ ] turning to the right
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- [ ] coming from the right (at road junctions)
- [ ] had not observed a right of way sign or a red light
- [ ] state number of boxes marked with a cross

---

13. **Sketch of accident when impact occurred**

- [ ] Initial impact to vehicle A
- [ ] Initial impact to vehicle B

---

14. **My remarks:**

15. **Signatures of the drivers**

---

16. **Visible damage to vehicle A:**

17. **Visible damage to vehicle B:**

---

18. **My remarks:**
**REPORTING AUTHORITY**
- Has an official report been drawn up?
- Number of official report (if any)
- Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs?
- Has the driver of your vehicle refused a blood test for alcoholism or drugs?
- The documents issued by the authorities having made a report, have to be sent to your insurer.

**YOUR VEHICLE**
- Chassis n°
- Cylinder or power
- Nature of use at the time of the accident
- Date and colour of last certificate issued by the technical control

**REPAIRER**
- Name and address
- Immobilized vehicle

**THE TRAILER OF YOUR VEHICLE**
- Make and type
- Chassis n°
- Maximum authorized weight (tare and load)

**DRIVER OF YOUR VEHICLE**
- Is he the regular driver?
- In what capacity was he driving?
- His birthday

**V.A.T.**
- What is the professional activity of the owner of the vehicle?
- What is his V.A.T. immatriculation n°?
- Is he authorized to deduct the V.A.T. regarding the damaged good?
- In the affirmative case

**THE INJURED** (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)
- In your vehicle:
- In the vehicle of the T.P.:
- Outside any vehicle:

**OTHER MATERIAL DAMAGE** than to vehicles A and B (nature and extent)

**RESPONSIBILITY**
- Who is, in your opinion, responsible for the accident and why?

**INSURANCES ON YOUR VEHICLE**

<table>
<thead>
<tr>
<th>T.P. LIABILITY</th>
<th>MATERIAL DAMAGE</th>
<th>FIRE</th>
<th>THEFT</th>
<th>LEGAL PROTECTION</th>
<th>PASSENGERS</th>
</tr>
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<tbody>
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<td>Ins. Co, name</td>
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<tr>
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<td>Policy n°</td>
<td>Policy n°</td>
</tr>
</tbody>
</table>

**DO YOU STILL POSSESS ANOTHER REPORT FORM?**
- Made at ______________ on __________ 20 __________

**WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any)?**

*Delete where appropriate!*
## ACCIDENT STATEMENT

**Date of accident:** [Date]

**Time:** [Time]

**Place:** [Place]

**Injury(ies) even if slight:** [Yes/No]

### Material damage
- Other than to vehicles A and B: [Yes/No]
- Objects other than vehicles: [Yes/No]

### Witnesses:
- Names, addresses, tel.: [Details]

### VEHICLE A

<table>
<thead>
<tr>
<th>6. Insured/policyholder (see insurance certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME:</strong> [Name]</td>
</tr>
<tr>
<td><strong>First name:</strong> [First Name]</td>
</tr>
<tr>
<td><strong>Address:</strong> [Address]</td>
</tr>
<tr>
<td><strong>Postal code:</strong> [Postal Code]</td>
</tr>
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<td><strong>Country:</strong> [Country]</td>
</tr>
<tr>
<td><strong>Tel. or E-mail:</strong> [E-mail]</td>
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</table>

<table>
<thead>
<tr>
<th>7. Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Make, type:</strong> [Make]</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Insurance Certificate or Green Card valid from:</strong> [Date] to [Date]</td>
</tr>
<tr>
<td><strong>Agency (or bureau, or broker):</strong> [Details]</td>
</tr>
<tr>
<td><strong>NAME:</strong> [Name]</td>
</tr>
<tr>
<td><strong>Address:</strong> [Address]</td>
</tr>
<tr>
<td><strong>Tel. or E-mail:</strong> [E-mail]</td>
</tr>
</tbody>
</table>

**Does the policy cover material damage to the vehicle?** [Yes/No]

### VEHICLE B

<table>
<thead>
<tr>
<th>6. Insured/policyholder (see insurance certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME:</strong> [Name]</td>
</tr>
<tr>
<td><strong>First name:</strong> [First Name]</td>
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<tr>
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</tr>
</tbody>
</table>

**Does the policy cover material damage to the vehicle?** [Yes/No]

### Driver (see driving licence)

| **NAME:** [Name]                                 |
| **First name:** [First Name]                      |
| **Date of birth:** [Date]                         |
| **Address:** [Address]                           |
| **Tel. or E-mail:** [E-mail]                      |
| **Driving licence n°:** [License N°]              |
| **Category (A, B, ...):** [Category]             |
| **Driving licence valid until:** [Date]          |

### Sketch of accident when impact occurred
- **Must be signed by BOTH drivers**

### Indicate the point of initial impact to vehicle A by an arrow

| **Visible damage to vehicle A:** [Description] |

### Indicate the point of initial impact to vehicle B by an arrow

| **Visible damage to vehicle B:** [Description] |

### Remarks:

**My remarks:** [Details]

**Signatures of the drivers:** [Details]

---

Additional notes on the form:
- Must be signed by BOTH drivers
- Includes the description of the impact point and any damage to the vehicles.
- Details on the location and circumstances of the accident.
- Insurance information and policy details are essential for processing claims.
- The form is used to report accidents to insurance companies and for claims processing.

---

**File of the Economic Interest Grouping (EIG) Datassur to enable a proper risk analysis and combat insurance fraud. Upon request, the data may be submitted to the insurer or to Datassur, service de fichiers/dienst Bestanden, 29 Square de Meeûs, B-1000 Bruss els.**

**The data provided on this form will be used to process the accident claim and supplement the statement relating to an insurance event. The data may then be registered in the RSR (special risks).**

---

**A B**
### DECLARATION

**OTHER INFORMATION (IF ANY)**

- Has an official report been drawn up? [ ]
  - By whom? [ ]
  - Number of official report (if any) [ ]
- Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs? [ ]
- Has the driver of your vehicle refused a blood test for alcoholism or drugs? [ ]
- The documents issued by the authorities having made a report, have to be sent to your insurer.

**YOUR VEHICLE**

- Chassis n° [ ]
- Cylinder or power [ ]
- Nature of use at the time of the accident [ ]
- Private - business - professional [ ]
- Control of vehicle [ ]

**REPAIRER**

- Name and address: [ ]
- Immobilized vehicle [ ]

**THE TRAILER OF YOUR VEHICLE**

- Make and type: [ ]
- Chassis n°: [ ]
- Maximum authorized weight (tare and load): [ ]

**DRIVER OF YOUR VEHICLE**

- Is he the regular driver? [ ]
- In what capacity was he driving? [ ]
- His birthday: [ ]

**V.A.T.**

- What is the professional activity of the owner of the vehicle? [ ]
- What is this V.A.T. immatriculation n°? [ ]
- Is he authorized to deduct the V.A.T. regarding the damaged good? [ ]
- Completely - partly: [ ]

**THE INJURED** (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

- In your vehicle: [ ]
- In the vehicle of the T.P.: [ ]
- Outside any vehicle: [ ]

**OTHER MATERIAL DAMAGE** than to vehicles A and B (nature and extent)

- [ ]
- [ ]

**RESPONSIBILITY**

- Who is, in your opinion, responsible for the accident and why? [ ]

**INSURANCES ON YOUR VEHICLE**

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<td>Policy n°</td>
</tr>
</tbody>
</table>

**DO YOU STILL POSSESS ANOTHER REPORT FORM?** [ ]

**WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any)?** [ ]

* Delete where appropriate!
In the event of damage to property other than to the vehicles A and B, give information (owner’s identity, address, etc.) here.

If there are injured persons, note here their surname, first name, address, telephone number and, if possible, the nature of their injuries.

When you complete the declaration (on the back of the report form) transcribe this information.

- In your vehicle: ........................................................................................................................................................................
- In another vehicle: ...................................................................................................................................................................
- Outside any vehicle: ................................................................................................................................................................
- Damage to property other than to the vehicles A and B: ........................................................................................................
Directions for Use of the Agreed Statement and Accident Report

This form is in the pattern approved by the European Insurance Committee (C.E.A.)

To be used for any motor vehicle accident

What to do in case of accident?

- If there are injuries:
  - If the severity of the injuries justifies it, dial 100 which alerts the hospital authorities and the Police.
  - Contact the Police immediately - you are legally obliged to do so - in those cases when it is not necessary to dial 100.
  - Make a note of the name, address and telephone number of the injured persons before they leave the scene (on the inside cover of this report form).
- If damage to vehicles only:
  - If you are impeding traffic, traffic regulations require you to remove your vehicle as soon as possible. However, take the precaution of marking on the ground the four corners of the vehicles with chalk or otherwise. Make a note, if appropriate, of brake marks, mud or debris. Photographs are always useful.
  - Call the Police if you think it will be in your interest, for example if the other driver refuses to give his version or to sign the report form.

How does one fill in the Accident Statement?

- At the scene of the accident:
  1. Use one copy of the Agreed Statement of Facts if 2 vehicles are involved (2 copies if 3 vehicles, etc.). It doesn't matter who supplies it or who completes it. Preferably use a ball-point pen and press hard; the carbon copy will be more legible.
  2. Do not forget, when filling in the statement:
     - to refer before replying to the questions:
       (a) under items 6 and 8, to your insurance documents (certificate or green card);
       (b) under item 9, to your driving licence;
     - to indicate precisely the point of initial impact (item 10);
     - to put a cross (X) in each of the spaces level with each of the items relevant to the circumstances (Nos. 1 to 17) of the accident (item 12) and to indicate the number of spaces so marked;
     - to make a plan of the accident (item 13).
  3. If there were any witnesses to the accident, write down their names and addresses, particularly if you encounter difficulties with the other driver.
  4. Sign the statement and get it signed by the other driver. Hand one of the copies to him and keep the other one.
- When you get home:
  - Complete the details which your insurer requires, by filling in the accident report on the back of the form.
  - Do not forget to state precisely where and when your vehicle will be available for inspection in order that an assessor may be able to inspect the damage as quickly as possible.
  - Under no circumstances alter anything on the face of the form.
  - Forward this document without delay to your insurer.
- Special notes:
  - If the other driver also has a form in the pattern approved by the European Insurance Committee but in a different language, you can agree to use his form. It is identical with yours and you can therefore follow the translation from item to item (they are numbered for this purpose) on your own form.
  - The present form can also be used in the case of accidents where no third-party injuries are involved, for example: own damage, theft, fire, etc.

As soon as you receive a new form, put it in the glove compartment of your vehicle.

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Edited by ASSURALIA

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