



European Accident Statement

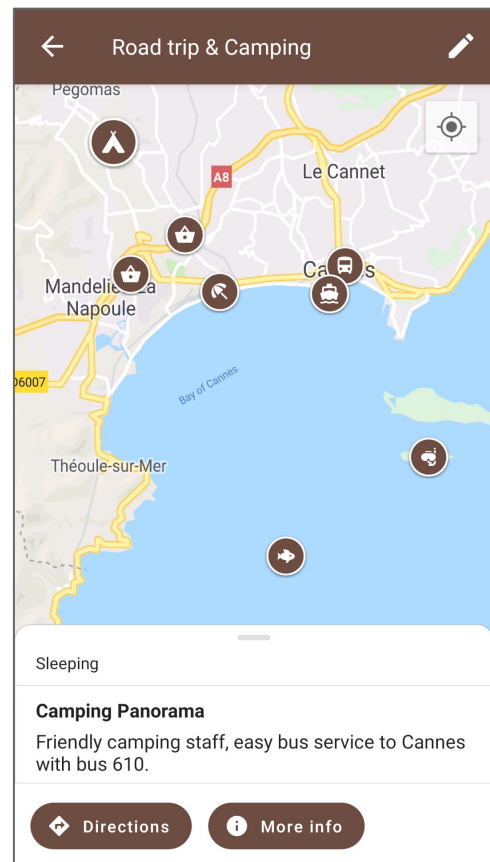
English

www.cartraveldocs.com 

We like to share with you two free Android apps to make your holiday stress free and more fun.

Spaceitup - Save all your holiday locations with Spaceitup and never forget where they were.

For example, you can save the location of the camping, supermarket, and parking place near the beach and drive there every time without getting lost.



Sea Life - Are you a young explorer eager to dive down to the mystical underwater world and play with lots of cute sea animals? Then this is the perfect app for you !! Sea Life contains 3 games for children ages 1 - 7.

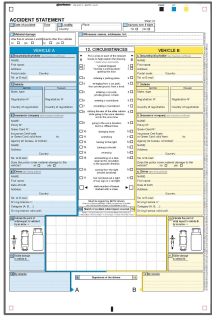




Instructions

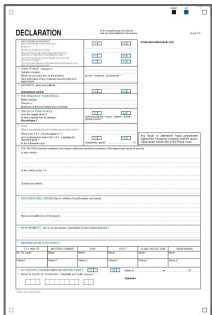
English

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The image shows the 'First Accident Statement' form. It is a complex form with multiple sections. The top section is titled '1.1. CIRCUMSTANCES' and contains various checkboxes and text boxes for recording the details of the accident. Below this, there are sections for '1.2. DAMAGE' and '1.3. PERSONS INVOLVED'. The form is designed to be filled out by the parties involved in the accident, with specific areas for each party's details and a 'My remarks' section at the bottom.

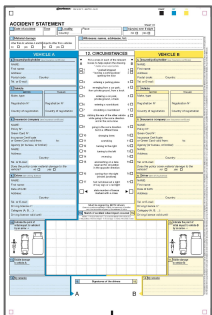
First Accident Statement page

You fill in your details in one column, if another party is involved with the accident they fill in the other column. If you don't agree with the other party you mention this in the "My remarks" section. Both sign this page and you send it to your insurance company.

The image shows the 'First Declaration' form. It is a form with several sections, including '1.1. CIRCUMSTANCES', '1.2. DAMAGE', and '1.3. PERSONS INVOLVED'. It contains checkboxes and text boxes for recording the details of the accident. The form is designed to be filled out by the parties involved in the accident, with specific areas for each party's details and a 'My remarks' section at the bottom.

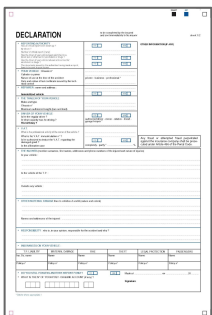
First Declaration page

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

The image shows the 'Second Accident Statement' form. It is a complex form with multiple sections. The top section is titled '1.1. CIRCUMSTANCES' and contains various checkboxes and text boxes for recording the details of the accident. Below this, there are sections for '1.2. DAMAGE' and '1.3. PERSONS INVOLVED'. The form is designed to be filled out by the parties involved in the accident, with specific areas for each party's details and a 'My remarks' section at the bottom.

Second Accident Statement page

If another party is involved in the accident, you and the other party must fill in this page exactly the same as the first page. If you don't agree with the other party you mention this in the "My remarks" section. You must both sign this page. The other party keeps this page and send it to their insurance company.

The image shows the 'Second Declaration' form. It is a form with several sections, including '1.1. CIRCUMSTANCES', '1.2. DAMAGE', and '1.3. PERSONS INVOLVED'. It contains checkboxes and text boxes for recording the details of the accident. The form is designed to be filled out by the parties involved in the accident, with specific areas for each party's details and a 'My remarks' section at the bottom.

Second Declaration page

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

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accidentTime

2. Locality:Place:Country:

3. Injury(es) even if slightnoyes

4. Material damage

other than to vehicles A and Bobjects other than vehicles

noyesnoyes

5. Witnesses: names, addresses, tel.:

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME:

First name:

Address:

Postal code:Country:

Tel. or E-mail:

7. Vehicle

MOTORTRAILER

Make, type

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME:

Policy N°:

Green Card N°:

Insurance Certificate or Green Card valid from:to:

Agency (or bureau, or broker):

NAME:

Address:

Country:

Tel. or E-mail:

Does the policy cover material damage to the vehicle?noyes

9. Driver (see driving licence)

NAME:

First name:

Date of birth:

Address:

Country:

Tel. or E-mail:

Driving licence n°:

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:

14. My remarks:

12. CIRCUMSTANCES

▼ Put a cross in each of the relevant boxes to help explain the drawing ▼

* delete where appropriate

A12B

1* parked/stopped

2* leaving a parking place/ opening the door

3entering a parking place

4emerging from a car park, from private ground, from a track

5entering a car park, private ground, a track

6entering a roundabout

7circulating a roundabout

8striking the rear of the other vehicle while going in the same direction and in the same lane

9going in the same direction but in a different lane

10changing lanes

11overtaking

12turning to the right

13turning to the left

14reversing

15encroaching on a lane reserved for circulation in the opposite direction

16coming from the right (at road junctions)

17had not observed a right of way sign or a red light

state number of boxes marked with a cross

Must be signed by BOTH drivers
Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims

13. Sketch of accident when impact occurred 13.

Indicate : 1. the layout of the road - 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME:

First name:

Address:

Postal code:Country:

Tel. or E-mail:

7. Vehicle

MOTORTRAILER

Make, type

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME:

Policy N°:

Green Card N°:

Insurance Certificate or Green Card valid from:to:

Agency (or bureau, or broker):

NAME:

Address:

Country:

Tel. or E-mail:

Does the policy cover material damage to the vehicle?noyes

9. Driver (see driving licence)

NAME:

First name:

Date of birth:

Address:

Country:

Tel. or E-mail:

Driving licence n°:

Category (A, B, ...):

Driving licence valid until:

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 15.

A

B

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claim (except issued by the insurer to the policyholder). The data may then be registered in the RSC (special file) of the Economic Interest Grouping (EIG) (Dossier) to enable a proper risk analysis and combat insurance fraud. Upon providing proof of their identity, anyone may consult and/or rectify their personal data by contacting their insurer or, depending on the case in question, Datasur. To do so, a signed, dated request, accompanied by a photograph of the policyholder's identity card, must be submitted to the insurer or to Datasur, service de l'information Belarout, 20 Square de Meir, B-1000 Brussels.

Sheet 2/2

4. Material damage other than to vehicles A and B objects other than vehicles no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	5. Witnesses: names, addresses, tel.:
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[illegible]

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 :

.....

.....

.....



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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European
Accident Statement

don't get angry
be polite
keep calm

see directions for use