



# 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

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

vehicle A	vehicle B
<b>6. insured</b> policyholder ( <i>see insurance cert.</i> ) Name (capital letters) _____ First name _____ Address _____ Tel. No. ( <i>from 9 hrs. to 17 hrs.</i> ) _____ Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	<b>6. insured</b> policyholder ( <i>see insurance cert.</i> ) Name (capital letters) _____ First name _____ Address _____ Tel. No. ( <i>from 9 hrs. to 17 hrs.</i> ) _____ Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>
<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____	<b>7. vehicle</b> Make, type _____ Registration No. (or engine No.) _____
<b>8. insurance company</b> Policy No. _____ Agent (or broker) _____ Green Card No. ( <i>if issued</i> ) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>	<b>8. insurance company</b> Policy No. _____ Agent (or broker) _____ Green Card No. ( <i>if issued</i> ) _____ Ins Cert. or Green Card } valid until _____ Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>
<b>9. driver</b> ( <i>see driving licence</i> ) Name (capital letters) _____ First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____	<b>9. driver</b> ( <i>see driving licence</i> ) Name (capital letters) _____ First name _____ Address _____ Driving licence No. _____ Groups _____ Issued by _____ valid from _____ to _____
<b>12. circumstances</b> Put a cross (X) in each of the relevant spaces to help explain the plan.	
A	B
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
← State TOTAL number of spaces marked with a cross →	

<b>10. indicate by an arrow the point of initial impact</b>	<b>10. indicate by an arrow the point of initial impact</b>
	
<b>13. plan of the accident</b> 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	
<b>11. visible damage</b>	<b>11. visible damage</b>
<b>14 remarks</b>	<b>14 remarks</b>
A	B
A	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)

<b>Insured</b>	1 Occupation (if more than one state all) _____				
<b>Insured Vehicle</b>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present _____	
	6 Name and address of Finance Company (if any) _____ Tel. No. _____				
<b>Driver or Person in charge of Vehicle</b>  (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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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		
<b>Injured Persons</b>	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?
<b>Damage to Property &amp; Vehicles</b>  (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)
<b>Police Action</b>	12 Was the accident reported to Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, give station and P.C's name and number _____				
	13 Was warning of prosecution given?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes against whom? _____					
<b>Accident Details</b>	14 Weather Conditions _____				
	15 Speed of vehicles	A <input type="text"/>	B <input type="text"/>		
	16 What warnings were given by driver or other party? _____				
	17 Were street lights illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	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. _____					
_____					
_____					
_____					
<b>Declaration</b>	I/We declare the foregoing particulars are true in every respect				
	Insured's Signature _____			Date _____	