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

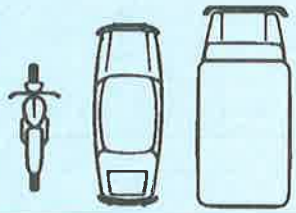
Address

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

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)*

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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

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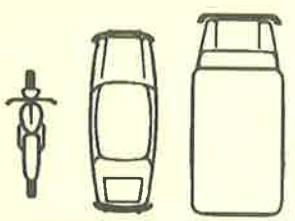

11. visible damage

14. remarks

B

LPO 445 DC 15,513

*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