

# ACCIDENT STATEMENT

Sheet 1/2

<b>1. Date of accident</b>	<b>Time</b>	<b>2. Locality:</b>	<b>Place:</b> .....	<b>3. Injury(es) even if slight</b>
.....	.....	<b>Country:</b> .....	.....	no <input type="checkbox"/> yes <input type="checkbox"/>

**4. Material damage**

other than to vehicles A and B | objects other than vehicles

no  yes  | no  yes

**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**

MOTOR	TRAILER
Make, type .....	
Registration N° .....	Registration N° .....
Country of registration .....	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? no  yes

**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: .....

## 12. CIRCUMSTANCES

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

**A** \* delete where appropriate **B**

1 \* parked/stopped  1

2 \* leaving a parking place/ opening the door  2

3 entering a parking place  3

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

5 entering a car park, private ground, a track  5

6 entering a roundabout  6

7 circulating a roundabout  7

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

9 going in the same direction but in a different lane  9

10 changing lanes  10

11 overtaking  11

12 turning to the right  12

13 turning to the left  13

14 reversing  14

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

16 coming from the right (at road junctions)  16

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

◀ 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**

MOTOR	TRAILER
Make, type .....	
Registration N° .....	Registration N° .....
Country of registration .....	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? no  yes

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

NAME: .....

First name: .....

Date of birth: .....

Address: .....

..... Country: .....

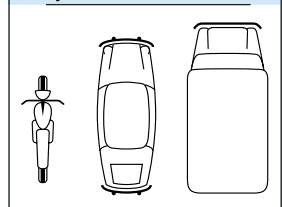
Tel. or E-mail: .....

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:**

.....

.....

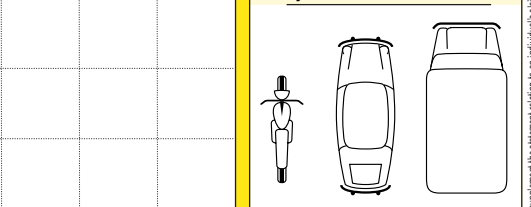
.....

**15. Signatures of the drivers** **15.**

.....

.....

**10. Indicate the point of initial impact to vehicle B by an arrow →**



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

.....

.....

.....

**14. My remarks:**

.....

.....

.....

The data provided on this form will be used to process the accident claim and supplement this statement relating to an individual's claims (second insured) by the insurer to the policyholder at the end of the contract (as per article 17 of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholder, see insurance certificate. In order to avoid possible verification of the information provided by the policyholder, the data may then be requested by the RSP (special risks) file of the Economic Interest Grouping (EIG) (Belarus) to enable a proper risk analysis and control insurance fraud. Upon providing proof of their identity, anyone may consult and/or modify their personal data by contacting their insurer or, depending on the case in question, Inasur. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Dessaur, service des réclamations, Boulevard, 25 Square de Meckes, B-1000 Brussels.

# DECLARATION

to be completed by the insured  
and sent immediately to his insurer

sheet 1/2

<ul style="list-style-type: none"> <li>• <b>REPORTING AUTHORITY</b> 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.</li> </ul>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> no <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border-top: 1px dotted black; height: 15px;"></td> </tr> <tr> <td colspan="2" style="border-top: 1px dotted black; height: 15px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> no <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> no <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/>					<input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/>	<input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/>	<p><b>OTHER INFORMATION (IF ANY)</b></p>								
<input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/>																			
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<ul style="list-style-type: none"> <li>• <b>YOUR VEHICLE</b> : 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</li> </ul>	<p>..... ..... private - business - professional * .....</p>																			
<ul style="list-style-type: none"> <li>• <b>REPAIRER</b> : name and address :</li> </ul> <p><b>Immobilized vehicle</b></p>	<p>..... .....</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> no <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/>																	
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completely - partly * ..... %																				
<ul style="list-style-type: none"> <li>• <b>THE INJURED</b> (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 : ..... ..... .....</li> </ul>																				
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Policy n°	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°															
<ul style="list-style-type: none"> <li>• <b>DO YOU STILL POSSESS ANOTHER REPORT FORM ?</b> <input type="checkbox"/> no <input type="checkbox"/> <input type="checkbox"/> yes <input type="checkbox"/> Made at ..... on .....20 .....</li> <li>• <b>WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?</b>   <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </li> </ul> <p style="text-align: right;"><b>Signature</b></p>																				

\* Delete where appropriate !

# ACCIDENT STATEMENT

Sheet 1/2

<b>1. Date of accident</b>	<b>Time</b>	<b>2. Locality:</b>	<b>Place:</b> .....	<b>3. Injury(es) even if slight</b>
.....	.....	<b>Country:</b> .....	.....	no <input type="checkbox"/> yes <input type="checkbox"/>

**4. Material damage**

other than to vehicles A and B | objects other than vehicles

no  yes  | no  yes

**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**

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	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? no  yes

**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: .....

## 12. CIRCUMSTANCES

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

**A**  1 \* parked/stopped **B**  1

2 \* leaving a parking place/ opening the door  2

3 entering a parking place  3

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

5 entering a car park, private ground, a track  5

6 entering a roundabout  6

7 circulating a roundabout  7

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

9 going in the same direction but in a different lane  9

10 changing lanes  10

11 overtaking  11

12 turning to the right  12

13 turning to the left  13

14 reversing  14

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

16 coming from the right (at road junctions)  16

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

◀ 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**

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	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? no  yes

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

NAME: .....

First name: .....

Date of birth: .....

Address: .....

..... Country: .....

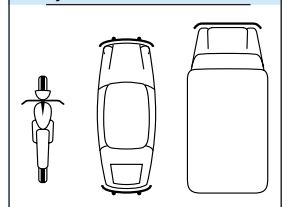
Tel. or E-mail: .....

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:**

.....

.....

**15. Signatures of the drivers** **15.**

A

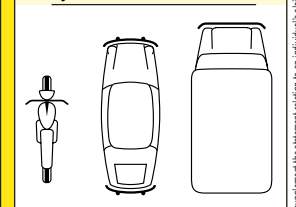
B

**14. My remarks:**

.....

.....

**10. Indicate the point of initial impact to vehicle B by an arrow →**



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

.....

.....

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claims (second issued) by the insurer to the policyholder at the end of the contract (as per article 17 of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholders' own insurers of the vehicle involved, to add to and complete the verification of the information provided by the policyholder. The data may then be exchanged with the RSP (special risks) file of the Economic Interest Grouping (EIG) (Belarus) to enable a proper risk analysis and control insurance fraud. Upon providing proof of their identity, anyone may consult and/or modify their personal data by contacting their insurer or, depending on the case in question, Inasur. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Dessaur, service des réclamations, Boulevard, 25 Square de Meckes, B-1000 Brussels.

# DECLARATION

to be completed by the insured  
and sent immediately to his insurer

sheet 1/2

<ul style="list-style-type: none"> <li>• <b>REPORTING AUTHORITY</b> 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.</li> </ul>	<div style="display: flex; justify-content: space-between;"> <span>no <input type="checkbox"/></span> <span>yes <input type="checkbox"/></span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>no <input type="checkbox"/></span> <span>yes <input type="checkbox"/></span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>no <input type="checkbox"/></span> <span>yes <input type="checkbox"/></span> </div>	<p><b>OTHER INFORMATION (IF ANY)</b></p>																		
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<ul style="list-style-type: none"> <li>• <b>DO YOU STILL POSSESS ANOTHER REPORT FORM ?</b>    no <input type="checkbox"/>    yes <input type="checkbox"/>    Made at ..... on .....20 .....</li> <li>• <b>WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?</b>   <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </li> </ul> <p style="text-align: right;"><b>Signature</b></p>																				

\* 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.
    - 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 ASSURALLIA

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# European Accident Statement

don't get angry  
be polite  
keep calm

see directions for use