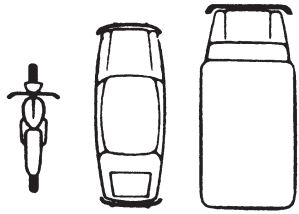
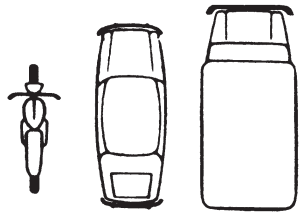


Agreed Statement of Facts on Motor Vehicle Accident

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 street, house No. and/or kilometre stone	3. Injuries even if slight <input type="checkbox"/> no <input type="checkbox"/> yes ¹⁾
4. Property damage other than to the vehicles A and B <input type="checkbox"/> no <input type="checkbox"/> yes	5. Witnesses name, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

Vehicle A		Vehicle B																																																																								
6. Insured policyholder (see insurance cert.) Name and address (capital letters) Telephone (home/office)		6. Insured policyholder (see insurance cert.) Name and address (capital letters) Telephone (home/office)																																																																								
Can the insured recover the VAT on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes		Can the insured recover the VAT on the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes																																																																								
7. Vehicle Make, type Registration No. (or engine No.)	12. Please mark relevant number <table border="0"> <tr><td><input type="checkbox"/></td><td>1</td><td>Car was parked</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td>was moving off</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>3</td><td>was stopping</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td>was leaving a driveway or lane</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>5</td><td>was turning into a driveway or lane</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>6</td><td>was turning into a roundabout</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>7</td><td>was circulating in a roundabout</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>8</td><td>struck the rear</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>9</td><td>was driving in the same direction, but in a different lane</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>10</td><td>was changing lanes</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>11</td><td>was overtaking</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>12</td><td>was making a right-hand turn</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>13</td><td>was making a left-hand turn</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>14</td><td>was reversing</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>15</td><td>entering the opposite traffic lane</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>16</td><td>was coming from the right side</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>17</td><td>failed to observe a give-way sign</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"></td><td>Total of marked numbers</td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	1	Car was parked	<input type="checkbox"/>	<input type="checkbox"/>	2	was moving off	<input type="checkbox"/>	<input type="checkbox"/>	3	was stopping	<input type="checkbox"/>	<input type="checkbox"/>	4	was leaving a driveway or lane	<input type="checkbox"/>	<input type="checkbox"/>	5	was turning into a driveway or lane	<input type="checkbox"/>	<input type="checkbox"/>	6	was turning into a roundabout	<input type="checkbox"/>	<input type="checkbox"/>	7	was circulating in a roundabout	<input type="checkbox"/>	<input type="checkbox"/>	8	struck the rear	<input type="checkbox"/>	<input type="checkbox"/>	9	was driving in the same direction, but in a different lane	<input type="checkbox"/>	<input type="checkbox"/>	10	was changing lanes	<input type="checkbox"/>	<input type="checkbox"/>	11	was overtaking	<input type="checkbox"/>	<input type="checkbox"/>	12	was making a right-hand turn	<input type="checkbox"/>	<input type="checkbox"/>	13	was making a left-hand turn	<input type="checkbox"/>	<input type="checkbox"/>	14	was reversing	<input type="checkbox"/>	<input type="checkbox"/>	15	entering the opposite traffic lane	<input type="checkbox"/>	<input type="checkbox"/>	16	was coming from the right side	<input type="checkbox"/>	<input type="checkbox"/>	17	failed to observe a give-way sign	<input type="checkbox"/>			Total of marked numbers	<input type="checkbox"/>	7. Vehicle Make, type Registration No. (or engine No.)
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		Total of marked numbers	<input type="checkbox"/>																																																																							
8. Insurance company Agent (or broker) Policy No. Green Card No. (if issued)		8. Insurance company Agent (or broker) Policy No. Green Card No. (if issued)																																																																								
Ins. Cert. or Green Card - valid until		Ins. Cert. or Green Card - valid until																																																																								
Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes		Is damage to the vehicle insured? <input type="checkbox"/> no <input type="checkbox"/> yes																																																																								
9. Driver (see driving licence) Surname (capital letters) First name		9. Driver (see driving licence) Surname (capital letters) First name																																																																								
Address		Address																																																																								
Driving licence No. Group		Driving licence No. Group																																																																								
Issued by		Issued by																																																																								
Valid from ²⁾ to ²⁾		Valid from ²⁾ to ²⁾																																																																								
10. Indicate the point of impact by an arrow 		10. Indicate the point of impact by an arrow 																																																																								
11. Visible damage 		11. Visible damage 																																																																								
14. Remarks 		14. Remarks 																																																																								
A		B																																																																								
15. Signatures of the drivers		15. Signatures of the drivers																																																																								
A		B																																																																								

¹⁾ State name and address

²⁾ For bus-drivers and taxi-drivers

Do not alter anything in the statement after signature and the separation of the copies for the two drivers!