

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

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