

1 Date of accident _____ Time _____ a.m.
 _____ p.m.

2 Locality - Country - Place _____

3 Injuries even if slight
 Driver A: B:
 Passenger A: B:

4 Material damage other than to vehicle A and B
 no yes Objects other than vehicles
 no yes

5 Road service attendant _____ Towing: A: no yes
 Police attendant _____ B: no yes
 Police report: no yes

Vehicle A

6 Insured / policy holder
 Name: _____
 Address/ Tel: _____

7 Vehicle
 Make _____ Model: _____
 Registration No. _____ Right Hand Drive:
 Transmission A / M _____

8 Insurance company
 Name _____
 Policy no. _____
 Non Super All Risk TPC TP

9 Driver (See drivers license) NVDL ND
 Name _____
 Address _____
 Tel. or email _____
 Driver licence no. _____
 Category A B C D E

12 What Happened ?		A	B
1	Vehicle parked /stopped	1	1
2	Moving Backwards / Reversing	2	2
3	Entering a parking space	3	3
4	Leaving a parking space / Opening a vehicle door	4	4
5	Entering a Roundabout traffic	5	5
6	Circulating a Roundabout traffic	6	6
7	Striking the rear end of other vehicle / driving in the same direction and lane	7	7
8	Driving in same direction but in a different lanes	8	8
9	Changing lanes of traffic	9	9
10	Overtaking	10	10
11	Turning to the right	11	11
12	Turning to the left	12	12
13	Head of Collision	13	13
14	Lost Control	14	14
15	Changing on the the lane reserved for traffic in the opposite direction	15	15
16	Coming from the right (at a intersection)	16	16
17	Failing to stop at sign or red light	17	17

← State the number of boxes marked with a cross →

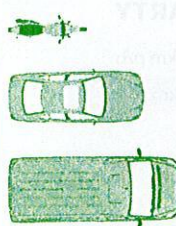
Vehicle B

6 Insured / policy holder
 Name: _____
 Address/ Tel: _____

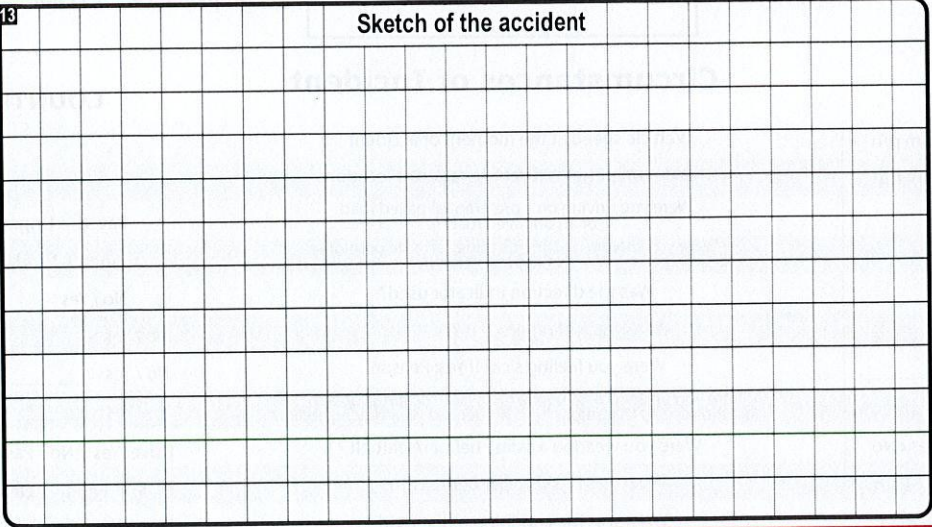
7 Vehicle
 Make _____ Model: _____
 Registration No. _____ Right Hand Drive:
 Transmission A / M _____

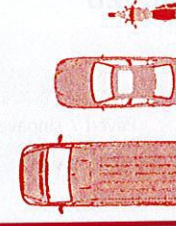
8 Insurance company
 Name _____
 Policy no. _____
 Non Super All Risk TPC TP

9 Driver (See drivers license) NVDL ND
 Name _____
 Address _____
 Tel. or email _____
 Driver licence no. _____
 Category A B C D E

10 Indicate the point of impact to Vehicle A by an arrow


13 Sketch of the accident



10 Indicate the point of impact to Vehicle B by an arrow


11 Visible damage to Vehicle A:
 yes no

11 Visible damage to Vehicle B:
 yes no

14 Signature Driver A _____

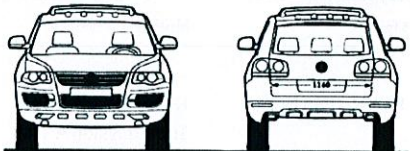
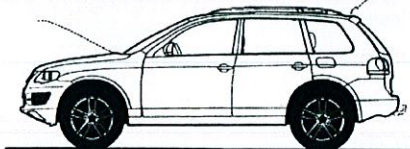
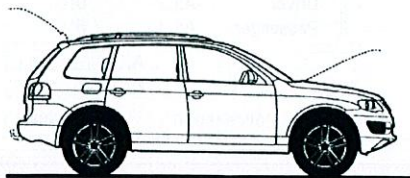
14 Signature Driver B _____

15 My Remarks:

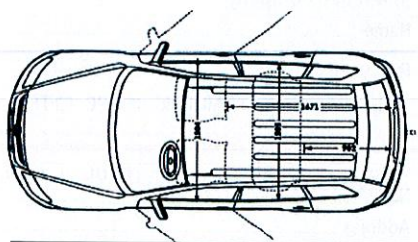
15 My Remarks:

Pre-detail Vehicle Damage Report

Vehicle A



Fuel: Gasoline Diesel Hybride



Transmission: Automatic Manual

Vehicle: Very Clean Clean

Appearance: Poor Very Poor

Legend

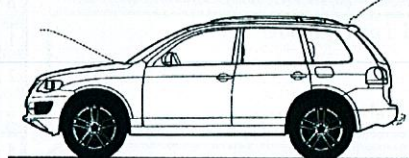
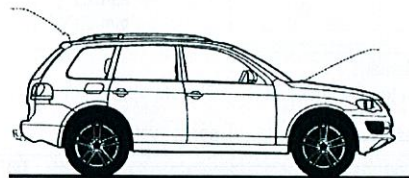
- B-1 Bent
- B-2 Broken
- C-1 Cracked
- C-2 Crushed
- D Dented
- F Faded
- L Loose
- M Missing
- P-1 Pitted
- P-2 Paint
- R-1 Rust
- R-2 Rubbed
- S Scratched

Air Bag Status

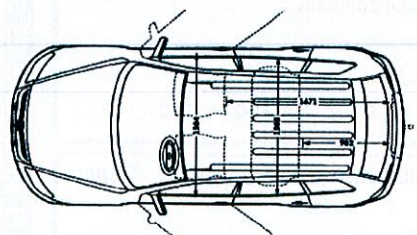
- Deployed
- Not Deployed
- Not Applicable

Remarks

Vehicle B



Fuel: Gasoline Diesel Hybride



Transmission: Automatic Manual

Vehicle: Very Clean Clean

Appearance: Poor Very Poor

INSURED

Circumstances of Incident

COUNTER PARTY

	Vehicle speed at the moment of accident	km p/h
	Maximum permitted vehicle speed at location	km p/h
Paved / Unpaved	Were you driving on a preferential paved road or an unpaved road ?	Paved / Unpaved
Right / Middle / Left	Were you driving on the right side, left side or middle of the road ?	Right / Middle / Left
No / Yes	Was the direction indicator used?	No / Yes
No / Yes _____	Were you feeling tired? If Yes: Reason	No / Yes _____
No / Yes _____	Were you feeling sick? If Yes: Reason	No / Yes _____
No / Yes _____	Were you under the influence of any intoxicating substances (alcohol/drugs) that might have influenced your driving ability?	No / Yes _____
Driver Yes / No Passenger Yes / No	Were you wearing a safety helmet/seatbelt ?	Driver Yes / No Passenger Yes / No
Clear / Foggy / Obstructed / Rainy	What was the visibility at the scene ?	Clear / Foggy / Obstructed / Rainy
Dry / Wet / Sandy / Oil on the road	What was the condition of the road ?	Dry / Wet / Sandy / Oil on the road
	Who is at your opinion liable ? Please elaborate	

Liability

Any and all data may be submitted to the insurers database.

The undersigned declares;

To have answered the preceding questions and statements to the best of his/her knowledge in accordance of the truth and declares not to have concealed /suppressed any details in connection to this claim; to submit this claim from and other possible documentation to the insurance company for the determination of the extend of this claim and its right to settle/compensate the damages, to have taken good notice of this claim form.

Date _____

Signature _____