Agreed statement of facts on motor vehicle accident This form is for speeding up the settlement of your claim, it is of informative character and does not substitute for claims notification.



1. Date of accident:	Time:	Time: 2. Town:		Place:			3. Injuries even if slight		Must be filled in by both drivers.		
	State:		_ _				no	yes	All lines must be listed in detail.		
4. Property damage other:			5. Witnesses: names, addresses, phone l				ne No.:	0.:		J be listed in detail.	
than to the vehicles A a B	than to objects				,	-, p					
no yes	no 🗌	yes									
VEHI	CLE A				12. CIRCUMSTAN	CES)		VEH	ICLE B	
6. Policyholder/insured (see insurance cert.):				P	ut a cross in each of the	relev	ant _	6. Policyholder/	insured	(see insurance cert.):	
SURNAME:			1		spaces to help explain the	ne pla	n. I	SURNAME:			
First name:			Α		*cross out if not applicable		В	First name: Address:			
Address: Zip code:State:								Zip code:	State		
Phone No./e-mail:				1 *parked/not moving 1				Phone No./e-mail:			
7 Vahialar			2 *leaving a parking place 2 /opened doors				2				
7. Vehicle:				3	Entering a parking place		3	7. Vehicle:			
MOTOR VEHICLE:	T	RAILER:						MOTOR VEH	ICLE:	TRAILER:	
Make - Type				4	Emerging from a car park, from private grounds, from a t		4 📙	Make - Type			
Registration No.	Registration N	0.		5	entering a car park,		5	Registration No.		Registration No.	
Ctate of majorables	Character at a select				private grounds, a track			0.1.1.1.1.1			
State of registration	State of regist	ration		6	entering a roundabout		6	State of registration		State of registration	
			10	7	circulating in a roundabou	t	7				
8. Insurance company (see insurance cert.):				8 striking the rear while 8				8. Insurance company (see insurance cert.):			
SURNAME:					going in the same direction	1		SURNAME:			
Policy No.: Green Card No.:					and in the same lane			Policy No.:			
ns. cert. or Green Card valid				9	going in the same direction	n	9	Green Card No.: Ins. cert. or Green Card	valid		
from:	to:		-		but in the different lane			from:	- and	to:	
Agency (office or broker)					changing lanes		10	Agency (office or broker)			
NAME:	***************************************			11	overtaking		11	NAME:			
Address:				12	turning to the right		12	Address:			
Zip code: State:				13 turning to the left 13			13	Zip code: State:			
Phone No./e-mail:			14 reversing 14				14	Phone No/e-mail:			
Is damage to the vehicle insured?			15 encroaching in the opposite traffic lane 15				15	Is damage to the vehicle insured?			
no yes				16 coming from the right 16							
9. Driver (see driving licence):					(on a crossroad)			9. Driver (see driving	ng licence):		
SURNAME:				17	not observing a right of way s	ign,	17	SURNAME:			
Part name: Date of birth:				or red on traffic lights				First name:			
Address:				State total number of spaces marked				Date of birth: Address:			
Zip code: State:				with a cross				Zip code: State:			
Phone No./e-mail:			lt'	t's n	ecessary to have it signed by not constitute an admission of liability but a si		Information or	Phone No./e-mail:			
Driving licence No.:				a	nd of the facts which will speed up the settler	ment of cla	ilms.	Driving licence No.:			
Groups (A, B,):				13. Plan of the accident at the time of vehicle impact 13.				Groups (A, B,):			
Driving licence valid until:			Indic	ficate:	the direction of lanes, 2, the direction of the same of impact, 4, the fine of impact, 4, the fine of impact, 4, the fine of the streets of roads.	road sign:	B (by arrow). s,	Driving licence valid until	l:		
0. Indicate by an arrow					o, names of the streets of foats	F				10. Indicate by an arrow	
the point of initial impa	ct									the point of initial imp	
on vehicle A ->				<u> </u>						on vehicle B ->	
										□ □ □	
	\			<u> </u>							
8 1										8. [] [
	100000000000000000000000000000000000000										
Visible damage on vehicle A:	1			1		i				11. Visible damage on vehicle B:	
OII VEHICLE A:										on venicle B:	
	-			-			1				
	-										
								Total I			
4. Remarks:			1	16.	Signatures of the driv	/ers	16.	14. Remarks:			
			, L								
								edian di la			
5. Accident caused by:								15. Accident cau	sed by:		
Vehicle driver A:	yes	no 🗌						Vehicle driver A:	and the second	yes no	
Vehicle driver B:	yes	no				3		Vehicle driver B:		yes no	
Common faule:	yes	no	92				<u> </u>	Common faule:		yes no	
Other (name, adress):			Α				В	Other (name, adress):			
				Do	not make any changes after signi	ng the p	oaper.				