

English

European Accident Statement

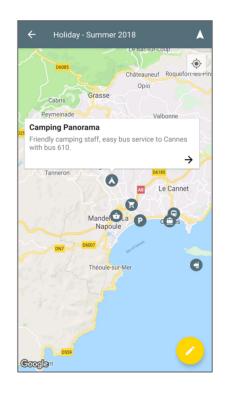
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We like to share with you two free Android apps to make your traveling easier and more fun.

Spaceitup - Save, share and enjoy your locations while traveling. Use your locations privately or share them with anybody you like.







Sea Life - Are you a young explorer eager to dive down to the mystical underwater world and play with lots of cute sea animals? Then this is the perfect app for you!! Sea Life contains 3 games for children ages 1 - 7.





Instructions

English

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First Accident Statement page

You fill in your details in one column, if another party is involved with the accident they fill in the other column. If you don't agree with the other party you mention this in the "My remarks" section. Both sign this page and you send it to your insurance company.



First Declaration page

Fill in this page as soon as possible, You sign this page at the bottom and send it to your insurance company.



Second Accident Statement page

If another party is involved in the accident, you and the other party must fill in this page exactly the same as the first page. If you don't agree with the other party you mention this in the "My remarks" section. You must both sign this page. The other party keeps this page and send it to their insurance company.



Second Declaration page

The other party must fill in this page as soon as possible. They sign this page at the bottom and send it to their insurance company.

		Continuga- 056	36 32 11 - 89	967702 - 04.05		ZWART	108	
ACCIDENT STA	TFM	FNT				Oh 4 4 /0		
	Time	2. Locality:	_I Pla	ace:	3. Injury(Sheet 1/2 es) even if slight		
		Country:			no	□ yes □		
Material damage			5. Wi	itnesses: names, addresses,	tel.:			
other than to vehicles A and B								
no 🗌 yes 🗌 n	ю 🗆	yes ⊔						
VEHIC	CLE A			12. CIRCUMSTANC	ES	VEH	HICLE B	
6. Insured/policyholder (see	e insurance	certificate)	▼	Put a cross in each of the relev		6. Insured/policyholde	er (see insurance certificate)	
NAME:			Α	boxes to help explain the draw * delete where appropriate	^{/ing} B	NAME:	Country	
First name: Address:				* parked/stopped * leaving a parking place/	1 🔲 2 🔲	First name:		
Postal code: Cou				opening the door		Postal code:	Country:	
Tel. or E-mail:	,		□3	entering a parking place	з 🗆	Tel. or E-mail:	,	
7. Vehicle			□ 4	emerging from a car park,	4 □	7. Vehicle		
MOTOR		TRAILER		from private ground, from a tra	ıck	MOTOR	TRAILER	
Make, type			□ 5	entering a car park, private ground, a track	5 🗆	Make, type		
Registration N°	Registra	ation N°	□ 6	entering a roundabout	6 □	Registration N°	Registration N°	
Country of registration	Country	of registration	□ 7	circulating a roundabout	7 🗆	Country of registration		
			□8	striking the rear of the other veh		, ,		
Insurance company (see	insurance o	ertificate)		while going in the same directi and in the same lane	on	8. Insurance company	(see insurance certificate)	
NAME:			1 19	going in the same direction	9 🗆	NAME:		
Policy N°: Green Card N°:				but in a different lane				
nsurance Certificate			□ 10	gg	10 🗌	Insurance Certificate		
or Green Card valid from:		to:	☐ 11 —	9	11 🗆	or Green Card valid fro		
Agency (or bureau, or broke NAME:				, , , , , , , , , , , , , , , , , , ,	12 🗆	ΝΔΜΕ·	broker):	
Address:			□ 13	3	13 🗆	Address:		
Country:				Country:			Country:	
el. or E-mail: Does the policy cover material damage to the ehicle? no □ yes □			☐ 15 encroaching on a lane 15 ☐ reserved for circulation in the opposite direction			Tel. or E-mail: Does the policy cover material damage to the vehicle? no ☐ yes ☐		
9. Driver (see driving licence)			□ 16	coming from the right (at road junctions)	16□	9. Driver (see driving licen	ce)	
NAME:			■ □ 17	had not observed a right	17 🗆	NAME:		
First name: Date of birth:				of way sign or a red light		First name:		
Address:			□□◀	state number of boxes marked with a cross	▶□	Address:		
Cou							Country:	
Tel. or E-mail:				Must be signed by DOTH date.	ore	Tel. or E-mail:		
Oriving licence n°:			2000	Must be signed by BOTH drive s not constitute an admission of liability, but a summar and of the facts which will speed up the settlement o	y of identities	Driving licence n°: Category (A, B,):		
Category (A, B,):			13. SI	ketch of accident when impact or	ccurred 13.	Driving licence valid until:		
				te: 1. the layout of the road - 2. by arrows the direction of the itinos at the time of impact - 4. the road signs - 5. names of				
Indicate the point of initial impact to vehicle A by an arrow →							Indicate the point of initial impact to vehicle B by an arrow →	
to vehicle A:							11. Visible damage to vehicle B:	
4. My remarks:						14. My remarks:	_ [
, , , , , , , , , , , , , , , , , , , ,			15.	Signatures of the drivers	1			
			Д		E	3		

sheet 1/2

DECLARATION

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

REPORTING AUTHORITY Has an official report been drawn up?	no	yes	OTHER INFORMATION (IF	ANY)			
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	no	yes					
alcoholism or drugs? The documents issued by the authorities having made a report,	no	yes					
The documents issued by the authorities having made a report, have to be sent to your insurer. • YOUR VEHICLE: Chassis n°							
Cylinder or power							
Nature of use at the time of the accident	private - business - p	rofessional *					
Date and colour of last certificate issued by the technical control							
REPAIRER : name and address :							
Immobilized vehicle	no	yes					
THE TRAILER OF YOUR VEHICLE							
Make and type							
Chassis n°							
Maximum authorized weight (tare and load) DRIVER OF YOUR VEHICLE							
Is he the regular driver ?	no	yes					
In what capacity was he driving?	authorized driver - ow garage keeper *	ner - relative - friend -					
His birthday ?							
V.A.T. What is the professional activity of the owner of the vehicle?							
What is his V.A.T. immatriculation n° ?							
Is he authorized to deduct the V.A.T. regarding the	no	yes	Any fraud or attem	pted fraud perpetrated company shall be prose-			
damaged good ? In the affirmative case	completely - partly * .	%	cuted under Article 49	6 of the Penal Code.			
THE INJURED (mention surnames, first names, addresses)	s and phone numbers o	f the injured and nature of in	iuries)				
In your vehicle :			,				
	rout volido.						
In the vehicle of the T.P. :							
Outside any vehicle :							
OTHER MATERIAL DAMAGE than to vehicles A and B (n	ature and extent)						
Names and addresses of the injured :	Names and addresses of the injured						
Names and addresses of the injured.							
RESPONSIBILITY: who is, in your opinion, responsible for the accident and why?							
INSURANCES ON YOUR VEHICLE :							
T.P. LIABILITY MATERIAL DAMAGE	FIRE	THEFT	LEGAL PROTECTION	PASSENGERS			
Ins. Co, name Name Name	ne	Name	Name	Name			
	0	D. P O	D.P o	D. II.			
Policy n° Policy n° Policy n°	cy n°	Policy n°	Policy n°	Policy n°			
- PO VOLLOTILL POSSESS ANOTHER PROPERTY.							
DO YOU STILL POSSESS ANOTHER REPORT FORM? WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT							
WHAT IS THE N OF TOUR FOST- OR BANK ACCOUNT		Signature					
		-iginaturo					

^{*} Delete where appropriate !

	•	gontinuga- ₀₅₆ ;	36 32 11 - 89	167702 - 04.05		ZWART	007 108	
ACCIDENT STAT	ГЕМЕ	NT				Sheet 2/2		
Date of accident Ti	me	2. Locality:		ce:		es) even if slight		
NA		Country:				□ yes □		
4. Material damage		Aban vahialaa	5. Wi	tnesses: names, addresses,	tel.:			
other than to vehicles A and B ob no □ yes □ no	jects other							
VELUO			-	12. CIRCUMSTANC	E6	\	101 E D	
VEHIC							ICLE B	
6. Insured/policyholder (see i			▼ A	Put a cross in each of the relevences to help explain the draw		6. Insured/policyholder	(see insurance certificate)	
First name:				* delete where appropriate	1 🗆			
Address:			□ 1 □ 2	* parked/stopped * leaving a parking place/	2 🗖			
Postal code: Count	ry:			opening the door		Postal code:	Country:	
Tel. or E-mail:			□ 3	entering a parking place	з 🗆	Tel. or E-mail:		
7. Vehicle			□ 4	emerging from a car park, from private ground, from a tra	4 🗆	7. Vehicle		
MOTOR Make, type	1	FRAILER	□ 5		5 🗆	MOTOR Make, type	TRAILER	
wiake, type				entering a car park, private ground, a track	3 🗀			
Registration N°	Registration	on N°	□ 6 —	entering a roundabout	6 🗆 —	Registration N°	Registration N°	
Country of registration (Country o	f registration	□ 7 □ 8	circulating a roundabout striking the rear of the other veh	7 🗌	Country of registration	Country of registration	
8. Insurance company (see in	surance cert	ificate)		while going in the same direction and in the same lane		8. Insurance company	(see insurance certificate)	
NAME:			□ 9		9 🗆			
Policy N°:			but in a different lane		9 🗀	Policy N°:		
	1-			☐ 10 changing lanes		Green Card N°:		
or Green Card valid from:	nce Certificate en Card valid from: to:			overtaking	11 🗆	Insurance Certificate or Green Card valid from: to:		
gency (or bureau, or broker):			12 turning to the right 12 Agency (or bureau, or broker):			roker):		
	ME:			☐ 13 turning to the left 13☐ ☐ 14 reversing 14☐				
dress:			☐ 14 reversing 14 ☐ Country:			Country:		
el. or E-mail:			☐ 15 encroaching on a lane 15 ☐			Tel. or E-mail:		
ones the policy cover material damage to the ehicle? no □ yes □			reserved for circulation in the opposite direction			Does the policy cover material damage to the vehicle? no □ yes □		
9. Driver (see driving licence)			☐ 16 coming from the right 16 (at road junctions)			9. Driver (see driving licence	<u>ə)</u>	
NAME:			☐ 17 had not observed a right of way sign or a red light		17 🗆	NAME: First name: Date of birth: Address:		
First name:								
Date of birth: Address:			□◂	state number of boxes marked with a cross				
Count							Country:	
Tel. or E-mail:						Tel. or E-mail:		
Driving licence n°:				Must be signed by BOTH drive not constitute an admission of liability, but a summar and of the facts which will speed up the settlement o	y of identities	Driving licence n°:		
Category (A, B,):			Sketch of accident when impact occurred 13.			Category (A, B,):		
				e: 1. the layout of the road - 2. by arrows the direction of th tions at the time of impact - 4. the road signs - 5. names of		Sitting hoofloo valid unit		
Indicate the point of initial impact to vehicle A by an arrow →							10. Indicate the point of initial impact to vehicle B by an arrow →	
							<u></u>	
Visible damage to vehicle A:							11. Visible damage to vehicle B:	
4. My remarks:						14. My remarks:		
		1	5.	Signatures of the drivers	1	5.		
			_					
			4		E	3		

DECLARATION

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

sheet 2/2

By wind? Number of ordical sport (if any) Number or ordical sport (if any) Number ordical sport (if any) Num	REPORTING AUTHORIT' Has an official report been dra	Y awn up ?	no	yes	OTHER INFORMATION (II	F ANY)
Has the driver of your vehicle refused a blood test for alteroids or Arrigor by the authorized when the vehicle of the accident of the acciden	•	y)				
Has be diver of your vehicle entands allocal test for accordant or depth of his part and stored with or any Pyr But authorise shing made a report, tave to be sent to your fevaler. Nature of use at the time of the accident Date and colour of last certificate issued by the technical control. **REFAIRER*: name and address:* Immobilized vehicle **THE TRAILER OF YOUR VEHICLE Make and type Chassis in* Maximum authorized weight (tare and load) **DRIVER OF YOUR VEHICLE Is he the regular driver? In what a passing your of the owner of the vehicle? What is the professional activity of the owner of the vehicle? What is the professional activity of the owner of the vehicle? What is his V.A.T. Immatriculation in ?? Is he authorized by deduct the V.A.T. regarding the dimension group of the vehicle of the T.P.: In the vehicle of the T.P.: Outside any vehicle: **OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) **Names and addresses of the injured :	Has the driver of your vehicle to blood test or other test for alco	been submitted to a oholism or drugs ?	no	ves		
The documents issued by the authorities having made a report. YOUR VEHICLE Chasels in? Option of the property of the control of last certificate issued by the technical control. REPAIRER: name and address: Immobilized vehicle THE TRAILER OF YOUR VEHICLE Make and type Chases in? Make the processional activity of the owner of the vehicle? In what capacity was he driving? In what is the protessional activity of the owner of the vehicle? In the authorized do devict the V.A.T. regarding the damaged goal. In the authorized to devict the V.A.T. regarding the damaged goal. In the authorized to device the V.A.T. regarding the damaged goal. In the altimative capacity was he first names, addresses and phone numbers of the injured and nature of injuries: In the vehicle of the T.P.: Outside any vehicle: **PRESPONSIBILITY: who is, in your opinion, responsible for the accident and why? **INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG FIRE THEFT LEGAL PROTECTION PASSENG **INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG **INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG	Has the driver of your vehicle ralcoholism or drugs?	refused a blood test for				
VOUR VEHICLE: Chassis in Cylinder or power Nature of Use at the time of the accident Date and colour of last certificate issued by the technical control REPAIRER: name and address: Immobilized vehicle THE TRAILER OF YOUR VEHICLE Is he the regular driver? Was its the protessional schildly was he driving? What is his V.A.T. immatriculation in? Is he authorized to deduct the V.A.T. regarding the damaged good? In the attiminative case THE INJURED (mention sumames, 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: RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE THE INJURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG	The documents issued by the have to be sent to your insurer	authorities having made a reporter.	t, no	yes		
Nature of use at the time of the accident Date and colour of last certificate issued by the technical control REPAIRER: name and address: Immobilized vehicle						
Data and colour of last cortificate issued by the technical control. REPAIRER: name and address: Immobilized vehicle Make and type Chassis n' Maximum authorized weight (tare and load) DRIVER OF YOUR VEHICLE Is he the regular driver? In what capacity was ted viving? His birthady? V.A.T. What is the professional activity of the owner of the vehicle? What is his V.A.T. immatriculation or '? Is he authorized to deduct the V.A.T. regarding the damaged good ? In the affirmative case THE INJURED (mention sumames, first names, addresses and phone numbers of the injured and nature of injuries) In your vehicle: **OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) Names and addresses of the injured: **RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? **INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE THEFT LEGAL PROTECTION PASSENG	•	of the control of				
REPAIRER: name and address:			private - business	- professional		
### Immobilized vehicle ### Im		44				
Make and type Chassis n° Maximum authorized weight (tare and load) • DRIVER OF YOUR VEHICLE Is he the regular driver? In what capacity was he driving? His birthday? • VA.T. What is the professional activity of the owner of the vehicle? What is his VA.T. immatriculation n°? Is he authorized divertown to reduce the V.A.T. regarding the dismaged good? In the affirmative case • THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries) In your vehicle: • OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) Names and addresses of the injured: • RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? • INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG.		aaress :	no	yes		
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## VAT. What is his VAT. Immatriculation or ? Is he authorized to deduct the V.A.T. regarding the damaged good? In the affirmative case * THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries) In your vehicle: # OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) * RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? * INSURANCES ON YOUR VEHICLE: * T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG.	Is he the regular driver?					
VA.T. What is the professional activity of the owner of the vehicle? What is his V.A.T. immatriculation or? Is he authorized to deduct the V.A.T. regarding the damaged good? In the affirmative case In the affirmative case In your vehicle: Outside any vehicle: Outside any vehicle: * OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) * RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? * INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG.		driving?		owner - relative - menu -		
What is the professional activity of the owner of the vehicle? What is his V.A.T. immatriculation in ?? Is he authorized to deduct the V.A.T. regarding the damaged good? In the affirmative case THE INJURED (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: Outside any vehicle: **OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent) Names and addresses of the injured: **RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? **INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENGIA						
What is his V.A.T. immatriculation n°? Is he authorized to deduct the V.A.T. regarding the damaged good? In the affirmative case * THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries) In your vehicle: The initial injuries		vity of the owner of the vehicle	?			
against the insurance company shall be completely - partly *	•	•			Ans. former	natad forced are to the
In the affirmative case completely - partly *	Is he authorized to deduct	t the V.A.T. regarding the	no	yes	Any fraud or atternation	opted traud perpetrated company shall be prose-
In your vehicle: In the vehicle of the T.P.: Outside any vehicle: Outside any vehicle: Names and addresses of the injured: * RESPONSIBILITY: who is, in your opinion, responsible for the accident and why? * INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG			completely - partly	, *	ll actional considers Australia 40	6 of the Penal Code.
INSURANCES ON YOUR VEHICLE: T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENGE	Outside any vehicle : OTHER MATERIAL DAM/	AGE than to vehicles A and				
T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG	RESPONSIBILITY : who is	is, in your opinion, responsib	ole for the accident and w	hy ?		
T.P. LIABILITY MATERIAL DAMAGE FIRE THEFT LEGAL PROTECTION PASSENG						
	INSURANCES ON YOUR	R VEHICLE :				
Ins. Co, name Name Name Name Name Name	T.P. LIABILITY	MATERIAL DAMAGE	FIRE	THEFT	LEGAL PROTECTION	PASSENGERS
	Co, name	Name	Name	Name	Name	Name
Policy n° Policy n° Policy n° Policy n° Policy n° Policy n°	y n° F	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°
DO YOU STILL POSSESS ANOTHER REPORT FORM? WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any)? Signature						20
			= 			

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
- 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 your are legally obliged to do so in those cases when it is not necessary
- 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:

- 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.
- 2. Do not forget, when filling in the statement;
- 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).
- 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

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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European

Accident Statement

don't get angry

be polite

keep calm

see directions for use