

agreed statement of facts on motor vehicle accident

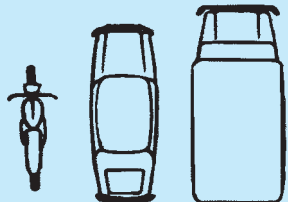

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

1. date of accident		time	2. place (exact location of accident)	3. injuries even if slight	no <input type="checkbox"/>	yes <input type="checkbox"/>	*
4. property damage other than to the vehicles A and B			5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)				
no <input type="checkbox"/>			yes <input type="checkbox"/>				

vehicle A		vehicle B
6. insured policyholder (see insurance cert.) Name (capital letters) First name Address Tel. No. (from 9 hrs. to 17 hrs.) Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	6. insured policyholder (see insurance cert.) Name (capital letters) First name Address Tel. No. (from 9 hrs. to 17 hrs.) Can the insured recover the Value Added Tax on the vehicle? no <input type="checkbox"/> yes <input type="checkbox"/>	
7. vehicle Make, type Registration No. (or engine No.)	7. vehicle Make, type Registration No. (or engine No.)	
8. insurance company Policy No. Agent (or broker) Green Card No. (if issued) Ins Cert. or Green Card } valid until Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>	8. insurance company Policy No. Agent (or broker) Green Card No. (if issued) Ins Cert. or Green Card } valid until Is damage to the vehicle insured? no <input type="checkbox"/> yes <input type="checkbox"/>	
9. driver (see driving licence) Name (capital letters) First name Address Driving licence No. Groups Issued by valid from to	9. driver (see driving licence) Name (capital letters) First name Address Driving licence No. Groups Issued by valid from to	

- 12. circumstances**
Put a cross (X) in each of the relevant spaces to help explain the plan.
- | | | | | |
|--------------------------|--|---|--|--------------------------|
| A | | 1 parked (at the roadside) | | B |
| <input type="checkbox"/> | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 2 leaving a parking place (at the roadside) | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 3 entering a parking place (at the roadside) | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 4 emerging from a car park, from private grounds, from a track | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 5 entering a car park, private grounds, a track | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 6 entering a roundabout (or similar traffic system) | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 7 circulating in a roundabout etc. | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 8 striking the rear of the other vehicle while going in the same direction and in the same lane | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 9 going in the same direction but in a different lane | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 10 changing lanes | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 11 overtaking | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 12 turning to the right | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 13 turning to the left | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 14 reversing | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 15 encroaching in the opposite traffic lane | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 16 coming from the right (at road junctions) | | <input type="checkbox"/> |
| <input type="checkbox"/> | | 17 not observing a right of way sign | | <input type="checkbox"/> |
- ← State TOTAL number of spaces marked with a cross →

10. indicate by an arrow the point of initial impact 	13. plan of the accident 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. the road signs - 5. names of the streets or roads	10. indicate by an arrow the point of initial impact 
11. visible damage 	11. visible damage 	

14 remarks 	15. signatures of the drivers <div style="display: flex; justify-content: space-around;"> A B </div>	14 remarks
-----------------------	--	-----------------------

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

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

For Insured's accident report see back →

LONSDALE PRINT SOLUTIONS LTD. +44 (0)1933 22 88 55

MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers

(Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one state all) _____					
Insured Vehicle	2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark	
	Please give/confirm instructions on my/our behalf (where appropriate) for the repairs					
	3 Are you the Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state Owner's name and address _____		
	4 Exact purpose for which vehicle was being used at time of accident _____					
	5 Is the vehicle still in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, state where it is at present _____ Tel. No. _____		
	6 Name and address of Finance Company (if any) _____					
Driver or Person in charge of Vehicle (if the Insured complete this section as appropriate)	7 Date of Birth	Occupation (if more than one, state all)	Date driving test passed	Was he driving with your permission?	Was he your employee?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any impairment of sight or hearing and of any other disability _____					
	9 Full details of all driving convictions including pending prosecutions					
	Date	Offence	Penalty			
Injured Persons	10 Name(s), Address(es) and approximate Age(s)		Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?	
Damage to Property & Vehicles (other than vehicles 'A' & 'B' overleaf)	11 Owner(s) Name(s) and Address(es)		Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)	
Police Action	12 Was the accident reported to Police		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, give station and P.C's name and number _____					
	13 Was warning of prosecution given?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes against whom? _____						
Accident Details	14 Weather Conditions _____					
	15 Speed of vehicles	A <input type="text"/>	B <input type="text"/>			
	16 What warnings were given by driver or other party? _____					
	17 Were street lights illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	18 What lights were displayed on your vehicle/the other vehicle(s)? _____					
	19 If your vehicle is commercial state weight of load carried at time of accident _____					
20 State how accident happened, indicating width of roads, speed limits, etc. _____ _____ _____						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Insured's Signature _____			Date _____		