

1. Date of accident \_\_\_\_\_ Time \_\_\_\_\_

2. Locality: \_\_\_\_\_ Place: \_\_\_\_\_  
Country: \_\_\_\_\_

3. Injury(es) even if slight  
no  yes

4. Material damage  
other than to vehicles A and B  objects other than vehicles  
no  yes  no  yes

5. Witnesses: names, addresses, tel.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE A**  
6. Insured/policyholder (see insurance certificate)  
NAME: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_

**12. CIRCUMSTANCES**  
▼ Put a cross in each of the relevant boxes to help explain the drawing ▼  
\* delete where appropriate  
A  1 \* parked/stopped  
 2 \* leaving a parking place/ opening the door  
 3 entering a parking place  
 4 emerging from a car park, from private ground, from a track  
 5 entering a car park, private ground, a track  
 6 entering a roundabout  
 7 circulating a roundabout  
 8 striking the rear of the other vehicle while going in the same direction and in the same lane  
 9 going in the same direction but in a different lane  
 10 changing lanes  
 11 overtaking  
 12 turning to the right  
 13 turning to the left  
 14 reversing  
 15 encroaching on a lane reserved for circulation in the opposite direction  
 16 coming from the right (at road junctions)  
 17 had not observed a right of way sign or a red light  
 ◀ state number of boxes marked with a cross ▶

**VEHICLE B**  
6. Insured/policyholder (see insurance certificate)  
NAME: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_

7. Vehicle  
MOTOR TRAILER  
Make, type \_\_\_\_\_  
Registration N° \_\_\_\_\_  
Country of registration \_\_\_\_\_

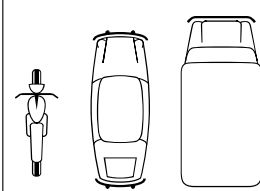
7. Vehicle  
MOTOR TRAILER  
Make, type \_\_\_\_\_  
Registration N° \_\_\_\_\_  
Country of registration \_\_\_\_\_

8. Insurance company (see insurance certificate)  
NAME: \_\_\_\_\_  
Policy N°: \_\_\_\_\_  
Green Card N°: \_\_\_\_\_  
Insurance Certificate or Green Card valid from: \_\_\_\_\_ to: \_\_\_\_\_  
Agency (or bureau, or broker): \_\_\_\_\_  
NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_  
Does the policy cover material damage to the vehicle? no  yes

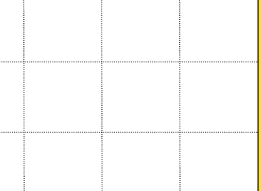
8. Insurance company (see insurance certificate)  
NAME: \_\_\_\_\_  
Policy N°: \_\_\_\_\_  
Green Card N°: \_\_\_\_\_  
Insurance Certificate or Green Card valid from: \_\_\_\_\_ to: \_\_\_\_\_  
Agency (or bureau, or broker): \_\_\_\_\_  
NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_  
Does the policy cover material damage to the vehicle? no  yes

9. Driver (see driving licence)  
NAME: \_\_\_\_\_  
First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_  
Driving licence n°: \_\_\_\_\_  
Category (A, B, ...): \_\_\_\_\_  
Driving licence valid until: \_\_\_\_\_

9. Driver (see driving licence)  
NAME: \_\_\_\_\_  
First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tel. or E-mail: \_\_\_\_\_  
Driving licence n°: \_\_\_\_\_  
Category (A, B, ...): \_\_\_\_\_  
Driving licence valid until: \_\_\_\_\_

10. Indicate the point of initial impact to vehicle A by an arrow →  
  
11. Visible damage to vehicle A:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Sketch of accident when impact occurred 13.  
Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B  
3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

10. Indicate the point of initial impact to vehicle B by an arrow →  
  
11. Visible damage to vehicle B:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. My remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Signatures of the drivers 15.  
\_\_\_\_\_  
\_\_\_\_\_

14. My remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claims record issued by his insurer to the police. A copy of this statement will be sent to the policyholder's own insurer. To do so, a signed, dated request, accompanied by a photograph of the policyholder's identity card, must be submitted to the insurer or to Datasaur, service de l'indemnité Bénéficiaire, 25 Square de Ménil, B-1000 Brussels.