

# FRIENDLY DECLARATION OF ACCIDENT

|   |      |   |               |  |
|---|------|---|---------------|--|
| <b>1 Date of Accident</b>   | Time | <b>2 Location</b>                       | Location..... | <b>3 Victim(s) including slight(s)</b>                   |
|   |      | Country.....                            |               | no <input type="checkbox"/> yes <input type="checkbox"/> |
| <b>4 Property damage</b>  |      | <b>5 Witnesses: name, address, tel.</b> |               |  |
| Vehicles other than A and B <input type="checkbox"/> objects other than the vehicle <input type="checkbox"/>      |      | .....                                   |               |  |
| no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> |      | .....                                   |               |  |

## Vehicle A

**6 Insured** (see insurance policy)

NAME: .....

Last name: .....

Address: .....

Zip Code:.....Country: .....

Tel. or E-mail: .....

**7 Vehicle**

| MOTOR VEHICLE                     | TOWING                            |
|-----------------------------------|-----------------------------------|
| Make, model<br>.....              | License plate (or frame)<br>..... |
| License plate (or frame)<br>..... | Country of registration<br>.....  |
| Country of registration<br>.....  | .....                             |

**8 Insurer** (see insurance policy)

NAME: .....

Policy No.: .....

Green Card No.: .....

Certificate:  
o Valid Green Card from ..... to .....

Agency (office or broker) .....

Name: .....

Address: .....

.....Country: .....

Tel. or E-mail: .....

**Is the vehicle's own damage insured?**

no  yes

**9 Driver** (see driver's license)

NAME: .....

Last name: .....

Date of birth: .....

Address: .....

.....Country: .....

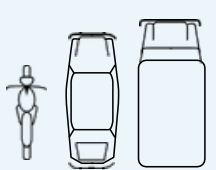
Tel. or E-mail: .....

Driving license no.: .....

Category (A, B, .....): .....

Permit valid until: .....

**10 Indicate the initial point of impact with the arrow** →



**11 Appreciated damage to vehicle A**

.....

.....

**14 Remarks**

.....

.....

## 12. CIRCUMSTANCES

**Put a checkmark (x) in each box to proceed to specify sketch**

*\*Touch out invalid circumstances*

|                          |          |  |                          |          |
|--------------------------|----------|--|--------------------------|----------|
| ↓                        | <b>A</b> |  | ↓                        | <b>B</b> |
| <input type="checkbox"/> | 1        | *I was parked/stopped  | <input type="checkbox"/> | 1        |
| <input type="checkbox"/> | 2        | (1) *Exiting a parking lot/ opening door   | <input type="checkbox"/> | 2        |
| <input type="checkbox"/> | 3        | I was going to park  | <input type="checkbox"/> | 3        |
| <input type="checkbox"/> | 4        | It came out of a parking lot, from a private place, from a dirt road                         | <input type="checkbox"/> | 4        |
| <input type="checkbox"/> | 5        | Entrance to a parking lot, to a private place, on a dirt road                                | <input type="checkbox"/> | 5        |
| <input type="checkbox"/> | 6        | Entrance to a directional plaza rotary   | <input type="checkbox"/> | 6        |
| <input type="checkbox"/> | 7        | Circulating in a 7-way square rotary   | <input type="checkbox"/> | 7        |
| <input type="checkbox"/> | 8        | Rear-end collision with the other vehicle driving in the same direction and in the same lane | <input type="checkbox"/> | 8        |
| <input type="checkbox"/> | 9        | He was circulating in the same direction and in different lane                               | <input type="checkbox"/> | 9        |
| <input type="checkbox"/> | 10       | Changing lanes   | <input type="checkbox"/> | 10       |
| <input type="checkbox"/> | 11       | Forwarded to   | <input type="checkbox"/> | 11       |
| <input type="checkbox"/> | 12       | Turned to the right  | <input type="checkbox"/> | 12       |
| <input type="checkbox"/> | 13       | Turned left  | <input type="checkbox"/> | 13       |
| <input type="checkbox"/> | 14       | Reversed   | <input type="checkbox"/> | 14       |
| <input type="checkbox"/> | 15       | It invaded the part reserved for the reverse circulation                                     | <input type="checkbox"/> | 15       |
| <input type="checkbox"/> | 16       | Coming from the right (at a crossroads)  | <input type="checkbox"/> | 16       |
| <input type="checkbox"/> | ←        | Failure to respect the preference sign or red light  | <input type="checkbox"/> | →        |

**Indicate number of boxes checked**

**The signature of both drivers is mandatory**

*It does not imply recognition of responsibility, but a correct consignment of all the data facilitates the processing.*

**13 Accident Sketch (at the time of the collision)** **13**

Specify: 1. location - 2. direction by arrows of vehicles A, B - 3. their position at the time of the collision - 4. traffic signs - 5. name of the streets (or roads)

## Vehicle B

**6 Insured** (see insurance policy)

NAME: .....

Last name: .....

Address: .....

Zip Code:.....Country: .....

Tel. or E-mail: .....

**7 Vehicle**

| MOTOR VEHICLE                     | TOWING                            |
|-----------------------------------|-----------------------------------|
| Make, model<br>.....              | License plate (or frame)<br>..... |
| License plate (or frame)<br>..... | Country of registration<br>.....  |
| Country of registration<br>.....  | .....                             |

**8 Insurance company** (see insurance policy)

NAME: .....

Policy No.: .....

Green Card No.: .....

Certificate:  
oValid Green Card from ..... to .....

Agency (office or broker) .....

Name: .....

Address: .....

.....Country: .....

Tel. or E-mail: .....

**Is the vehicle's own damage insured?**

no  yes

**9 Driver** (see driver's license)

NAME: .....

Last name: .....

Date of birth: .....

Address: .....

.....Country: .....

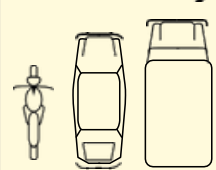
Tel. or E-mail: .....

Driving license n.o.: .....

Category (A, B, .....): .....

Permit valid until: .....

**10 Indicate the initial point of impact with the arrow** →



**11 Damage to vehicle B**

.....

.....

**14 Remarks**

.....

.....

**15 Signature of drivers** **15**

A

B

# statement

to be completed by the Insured Party. To be submitted to the Insurer within 7 days following the occurrence of the accident.

Have an occupant's policy YES  NO

Reserved space  
for the Insurance Company

16. NAME OF THE INSURED: .....

17. DESCRIPTION OF ACCIDENT: .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

18. INTERVENTION OF AUTHORITIES: YES  NO

POLICE WHO HAVE INTERVENED .....

19. DATA OF THE INSURED VEHICLE:

TYPE ..... USE ..... COLOR .....  
MERCHANDISE: OWN OR FROM THIRD PARTIES  
USUAL PLACE OF GARAGE: .....

20. DATA OF THE DRIVER OF THE INSURED VEHICLE:

NAME .....  
SURNAMES .....  
AGE ..... GENDER ..... MARITAL STATUS .....  
PROFESSION ..... TFNO: .....  
SENIORITY OF LICENSE: LESS THAN 2 YEARS YES  NO   
THE DRIVER IS A REGULAR DRIVER IF YES  NO   
IS A DEPENDENT/SALARIED EMPLOYEE OF THE INSURED YES  NO   
IF KINSHIP OR RELATIONSHIP WITH THE INSURED .....

21. EXPERTISE:

INSURED VEHICLE: Color ..... Workshop where it will be repaired .....  
CONTRARY VEHICLE: Color ..... Workshop to be repaired .....  
OTHER DATA: .....

22. OTHER INTERVIEWING VEHICLES: (In addition to A and B)

|                         | VEHICLE C | VEHICLE D |
|-------------------------|-----------|-----------|
| NAME .....              |           |           |
| SURNAME .....           |           |           |
| BRAND .....             |           |           |
| MODEL .....             |           |           |
| REGISTRATION .....      |           |           |
| INSURANCE COMPANY ..... |           |           |
| NO. OF POLICY .....     |           |           |
| DAMAGES VISIBLE .....   |           |           |

23. DAMAGE TO THINGS AND ANIMALS: .....

24. DAMAGE TO PERSONS. VICTIMS: (If there are more than two victims use another statement)

| NAME .....                        | NAME .....  | NAME .....  |
|-----------------------------------|---|---|
| SURNAMES .....                    | SURNAMES .....  | SURNAMES .....  |
| ADDRESS .....                     | ADDRESS .....   | ADDRESS .....   |
| AGE AND MARITAL STATUS .....      | AGE <input type="checkbox"/> <input type="checkbox"/> MARITAL STATUS .....  | AGE <input type="checkbox"/> <input type="checkbox"/> MARITAL STATUS .....  |
| PROFESSION AND SEXO .....         | PROFESSION ..... SEX .....  | PROFESSION ..... SEX .....  |
| RELATIONSHIP TO THE DRIVER .....  | RELATIONSHIP TO THE DRIVER .....  | RELATIONSHIP TO THE DRIVER .....  |
| RELATIONSHIP TO THE INSURED ..... | RELATIONSHIP TO THE INSURED .....   | RELATIONSHIP TO THE INSURED .....   |
| EMPLOYEE OF THE INSURED .....     | EMPLOYEE OF THE INSURED .....   | EMPLOYEE OF THE INSURED .....   |
| VICTIM'S CONDITION .....          | YES <input type="checkbox"/> NO <input type="checkbox"/><br>{ WALKER <input type="checkbox"/><br>DRIVER OF THE VEHICLE <input type="checkbox"/> <b>A</b> <b>B</b> <b>C</b> <b>D</b><br>OCCUPANT OF THE VEHICLE <input type="checkbox"/> <b>A</b> <b>B</b> <b>C</b> <b>D</b> | YES <input type="checkbox"/> NO <input type="checkbox"/><br>{ WALKER <input type="checkbox"/><br>DRIVER OF THE VEHICLE <input type="checkbox"/> <b>A</b> <b>B</b> <b>C</b> <b>D</b><br>OCCUPANT OF THE VEHICLE <input type="checkbox"/> <b>A</b> <b>B</b> <b>C</b> <b>D</b> |
| DESCRIPTION OF THE LESIONS .....  | DESCRIPTION OF THE LESIONS .....  | DESCRIPTION OF THE LESIONS .....  |
| CARE CENTER .....                 | CARE CENTER .....   | CARE CENTER .....   |

At ..... a ..... from ..... from .....  
INSURED'S SIGNATURE

(In case the insured does not sign, please indicate the reasons and who signs his behalf).

25. REMARKS: .....