

# TRAFFIC ACCIDENT REPORT

|  |                             |   |
|--|-----------------------------|---|
| <b>1. Date of the accident</b><br>Time | <b>2. Postcode/location</b> | <b>3. Injured, including minor injuries</b><br>no <input type="checkbox"/> <input type="checkbox"/> |
|--|-----------------------------|---|

|   |  |
|---|--|
| <b>4. Material damage to</b><br>vehicles other than <b>A</b> and <b>B</b> : no <input type="checkbox"/> yes <input type="checkbox"/> objects other than Vehicles: no <input type="checkbox"/> | <b>5. Witnesses: names, addresses, telephone</b> |
|---|--|

## VEHICLE A

**6. Policyholder/insured** (see certificate of insurance)

First name .....  
Postal address .....  
code ..... Country .....

Phone or e-mail .....

**7. Vehicle**

| MOTOR VEHICLE                 | PENDANT                       |
|-------------------------------|-------------------------------|
| Brand, type .....             | Official license plate .....  |
| Official license plate .....  | Country of registration ..... |
| Country of registration ..... | Country of registration ..... |

**8. Insurance company** (see insurance certificate)

number .....  
Green Card number .....  
Insurance certificate or Green Card valid from .....

Office (office or broker) .....  
NAME .....  
Address .....

Phone or e-mail .....

Is the material damage to the vehicle insured under the contract? no  yes

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

First name .....  
of birth .....  
Your address .....  
Country .....

Phone or e-mail .....

Driver's license no. ....  
Class (A, B, ...) .....

Driving license valid .....

**10. Mark the original point of impact on vehicle A with an arrow** ←

**11. Visible damage to the vehicle A**

**14. Own comments**

## 12. ACCIDENTS

↓ Check the appropriate box to specify the sketch. ↓

|                             |   |                             |
|-----------------------------|---|-----------------------------|
| <b>A</b>                    | <i>Delete text that does not apply</i>  | <b>B</b>                    |
| <input type="checkbox"/> 1  | parked / stopped  | <input type="checkbox"/>    |
| <input type="checkbox"/> 2  | left a parking lot / opened a car door  | <input type="checkbox"/> 2  |
| <input type="checkbox"/> 3  | parked  | <input type="checkbox"/>    |
| <input type="checkbox"/> 4  | left a parking lot, a private property, a path                                  | <input type="checkbox"/>    |
| <input type="checkbox"/> 5  | into a parking lot, a private property, to drive a path                         | <input type="checkbox"/> 5  |
| <input type="checkbox"/> 6  | drove into a traffic circle entered   | <input type="checkbox"/> 6  |
| <input type="checkbox"/> 7  | drove in a traffic circle   | <input type="checkbox"/>    |
| <input type="checkbox"/> 8  | collided while driving in the same direction and in the same Column to the rear | <input type="checkbox"/> 8  |
| <input type="checkbox"/> 9  | drove in the same direction and in a different column                           | <input type="checkbox"/> 9  |
| <input type="checkbox"/> 10 | changed the column  | <input type="checkbox"/>    |
| <input type="checkbox"/> 11 | obsolete  | <input type="checkbox"/>    |
| <input type="checkbox"/> 12 | Turned right  | <input type="checkbox"/>    |
| <input type="checkbox"/> 13 | Turned left   | <input type="checkbox"/>    |
| <input type="checkbox"/> 14 | reset   | <input type="checkbox"/>    |
| <input type="checkbox"/> 15 | crossed into the oncoming lane  | <input type="checkbox"/>    |
| <input type="checkbox"/> 16 | came from the right (at an intersection)  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | had disregarded a right of way sign or a red traffic light                      | <input type="checkbox"/>    |

Specify the number of boxes checked →

**Must be signed by BOTH drivers** Does not constitute an acknowledgement of liability, but a statement of identity and circumstances to expedite settlement.

**13. Sketch of the accident at the time of impact**

Please specify: 1. the course of the lanes  
2. the direction of travel of vehicles A, B (by arrows)  
3. their position at the time of impact  
4. the traffic signs - 5. the street names

## VEHICLE B

**6. Policyholder/insured** (see certificate of insurance)

First name .....  
Postal address .....  
code ..... Country .....

Phone or e-mail .....

**7. Vehicle**

| MOTOR VEHICLE                 | PENDANT                       |
|-------------------------------|-------------------------------|
| Brand, type .....             | Official license plate .....  |
| Official license plate .....  | Country of registration ..... |
| Country of registration ..... | Country of registration ..... |

**8. Insurance company** (see insurance certificate)

number .....  
Green Card number .....  
Insurance certificate or Green Card valid from .....

Office (office or broker) .....  
NAME .....  
Address .....

Phone or e-mail .....

Is the material damage to the vehicle insured under the contract? no  yes

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

First name .....  
Date of birth .....  
Address .....  
Country .....

Phone or e-mail .....

Driver's license no. ....  
Class (A, B, ...) .....

Driving license valid .....

**10. Mark the original point of impact on vehicle B with an arrow** ←

**11. Visible damage to the vehicle B**

**14. Own comments**

**15. Signatures of the drivers**

**A** **B**

### Instructions for the accident report

This accident report corresponds to the model created by the Comité Européen des Assurances (CEA).

#### Suitable for all car accidents

How should the accident report be completed?

##### - At the scene of the accident

1. Only use one set for 2 vehicles involved (2 for 3 vehicles involved, etc.). It does not matter who supplies or completes the form. Use a ball-point pen and write in bold letters so that the copy is legible.
2. note the following when completing the accident report:
  - When answering the questions, please refer to the following
    - a) to your insurance documents (policy or Green Card) in accordance with Section 8 and
    - b) on your driver's license in accordance with section 9.
  - Indicate the exact point of collision (item 10).
  - Mark with a cross those facts (1-17) that apply to your accident (No. 12), and at the end indicate the number of boxes you have marked.
  - Draw a sketch of the accident (item 13).
3. Name a witness to the accident, especially if there is a difference of opinion.
4. Sign the accident report and have the other driver sign it too. Give him one sheet of the form set and keep the other.

##### - At home

- Do not forget to state where and when your vehicle can be inspected by the expert (item 14).
- Do not change the accident report under any circumstances.
- Send the form to your insurance company immediately.

##### - Special cases

- If the other party involved in the accident has the same form (approved by the Comité Européen des Assurances) but in a different language, remember that the forms are the same and that the individual questions have the same content. The individual questions are numbered for this purpose.
- This form is also used for accidents without third-party damage, in the case of comprehensive insurance, for example, for property damage to your own vehicle and for damage caused by theft or fire.

When you receive a new accident report, please place it in the glove compartment of your vehicle immediately.

# European Unive Responsibility

Please remain polite

Please keep calm

Handling instructions