



INSTRUCTIONS

First accident statement page

Enter your details in one column, and if another party is involved in the accident, they should provide their information in the adjacent column. If you disagree with the other party, please note this in the “My Remarks” section. Both parties should sign the page and then send it to your insurance company.

First declaration page

Complete this page as soon as possible, sign it at the bottom, and then send it to your insurance company.

Second accident statement page

If another party is involved with the accident, you and the other party must enter the same details as in the first page. Both sign this page, and the other party sends it to their insurance company. You may also use a version of the page in a different language, if available.

Second declaration page

The other party completes this page as soon as possible, sign it at the bottom, and send it to their insurance company. The other party may also use a version of the page in a different language, if available.

Cheers for downloading!
If it makes your journey easier, a classic flat white or a good ol’ cup of British coffee would totally brighten my day ☕👉.



ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident

Time

2. Locality:

Place:

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:

7. Vehicle

MOTOR

TRAILER

Make, type

Registration N°

Country of registration

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

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:

12. CIRCUMSTANCES

▼ Put a cross in each of the relevant boxes to help explain the drawing ▼

* delete where appropriate

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state number of boxes marked with a cross

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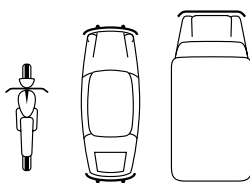
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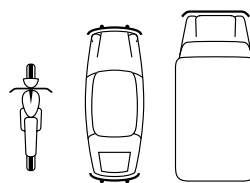
10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

14. My remarks:

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.

A

B

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claims (issued by the insurer to the policyholder at the end of the contract) (as per article 17 of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholders' new insurer at the date of request. In order to avoid possible verification of the information provided by the policyholder, the data may then be requested by the RSP (special risks) file of the Economic Interest Grouping (EIG) Debussé to enable a proper risk analysis and correct insurance fraud. Upon providing proof of their identity, anyone may consult and/or rectify their personal data by contacting their insurer or, depending on the case in question, Debussé. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Debussé, service de l'indemnisation, 28 Square de Meuse, B-1000 Brussels.

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

* Delete where appropriate !

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident

Time

2. Locality:

Place:

3. Injury(es) even if slight

Country:

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:

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

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:

12. CIRCUMSTANCES

▼ Put a cross in each of the relevant boxes to help explain the drawing ▼

* delete where appropriate

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state number of boxes marked with a cross

Must be signed by BOTH drivers

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

13. Sketch of accident when impact occurred

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

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

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:

10. Indicate the point of initial impact to vehicle A by an arrow →

11. Visible damage to vehicle A:

14. My remarks:

15. Signatures of the drivers 15.

A

B

14. My remarks:

10. Indicate the point of initial impact to vehicle B by an arrow →

11. Visible damage to vehicle B:

The data provided on this form will be used to process the accident claim and supplement this statement relating to an individual's claims (except issued by the insurer to the policyholder at the end of the contract) (as per article 17 of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholders' new insurer at the date of request. In addition to and without the verification of the information provided by the policyholder, this data may then be registered in the RSP (special risks) file of the Economic Interest Grouping (EIG) Debussé to enable a proper risk analysis and control insurance fraud. Upon providing proof of their identity, anyone may consult and/or rectify their personal data by contacting their insurer or depending on the case in question, Debussé. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Debussé, service de l'accompagnement Dépasser, 28 Square de Meaux, B-1000 Brussels.

sheet 1/2

* 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 :

.....

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– In another vehicle :

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.....

.....

– Outside any vehicle :

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.....

.....

– Damage to property other than to the vehicles A and B :

.....

.....

.....

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 - you are legally obliged to do so - in those cases when it is not necessary to dial 100.
 - 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 :
 1. 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.
 - 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).
 3. 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 one.
- 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.

European
Accident Statement

don't get angry

be polite

keep calm

see directions for use