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 ☐ yes ☐ *

4. property damage other than to the vehicles A and B — no ☐ yes ☐ *

5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)

vehicle A

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 ☐ yes ☐

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 ☐ yes ☐

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	No.	Circumstance	No.	B
☐	1	parked (at the roadside)	1	☐
☐	2	leaving a parking place (at the roadside)	2	☐
☐	3	entering a parking place (at the roadside)	3	☐
☐	4	emerging from a car park, from private grounds, from a track	4	☐
☐	5	entering a car park, private grounds, a track	5	☐
☐	6	entering a roundabout (or similar traffic system)	6	☐
☐	7	circulating in a roundabout etc.	7	☐
☐	8	striking the rear of the other vehicle while going in the same direction and in the same lane	8	☐
☐	9	going in the same direction but in a different lane	9	☐
☐	10	changing lanes	10	☐
☐	11	overtaking	11	☐
☐	12	turning to the right	12	☐
☐	13	turning to the left	13	☐
☐	14	reversing	14	☐
☐	15	encroaching in the opposite traffic lane	15	☐
☐	16	coming from the right (at road junctions)	16	☐
☐	17	not observing a right of way sign	17	☐
☐		State TOTAL number of spaces marked with a cross		☐

vehicle B

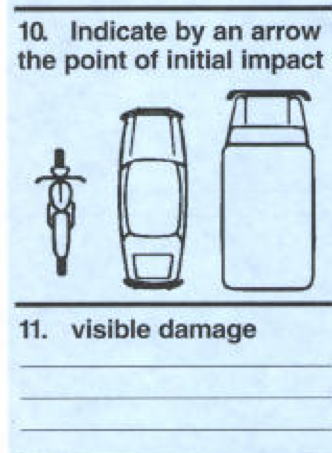
6. insured policyholder (*see insurance cert.*)
Name (capital letters)
First name
Address
Tel. No. (*from 9 hrs. to 17 hrs.*)
Can the Insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

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 ☐ yes ☐

9. driver (*see driving licence*)
Name (capital letters)
First name
Address
Driving licence No.
Groups — Issued by
valid from — to

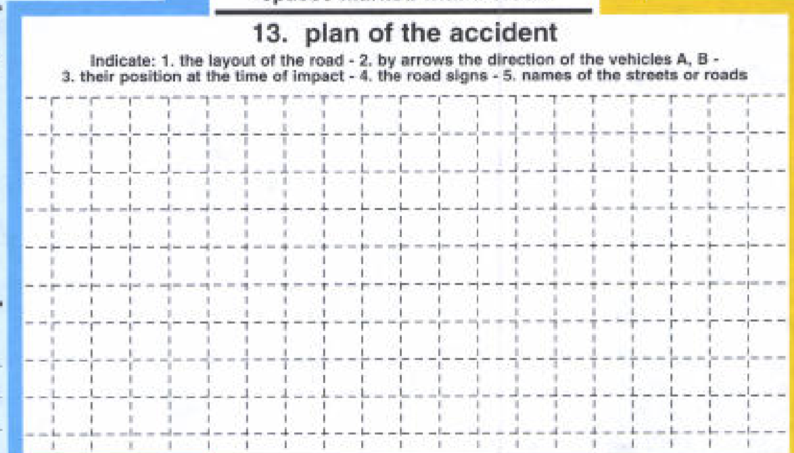
10. Indicate by an arrow the point of initial impact (A)



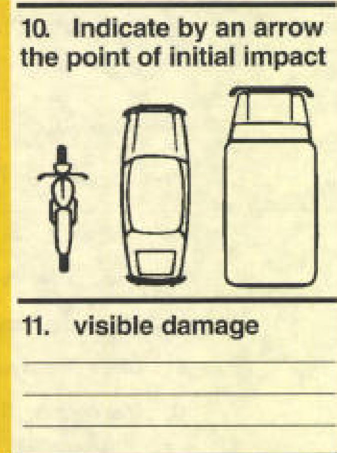
11. visible damage (A)

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 (B)



11. visible damage (B)

14. remarks (A)

15. signatures of the drivers

A — B

14. remarks (B)

*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 ➔

LPO 445 DC 15,513

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 [ ] No [ ] 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 [ ] No [ ] 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		No		Yes		No	

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 [ ] No [ ]

If yes, give station and P.C.'s name and number ______

13 Was warning of prosecution given? Yes [ ] No [ ]

If yes, against whom? ______

Accident Details

14 Weather conditions ______

15 Speed of vehicles A [ ] B [ ]

16 What warnings were given by driver or other party? ______

17 Were street lights illuminated? Yes [ ] No [ ]

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 ______