

# AGREED STATEMENT OF FACTS on motor vehicle accident

*Please read the instructions overleaf before filling in this form*

## VEHICLE A

*To be completed by driver of vehicle A in BLOCK letters*

### 1A - Vehicle details

Type, make, colour  Registration No.

Insurance company  Name of Agent or Broker (if any)

Insured policy holder (Refer to insurance vignette)

Family Name  First Name

Address   
Tel. No.

Policy No.  Valid until

### 2A - Driver details (Refer to driving licence)

Family name  First Name

Sex  Age(years)

Address   
Tel. No.

Driving Licence No.  Date of issue

### 3A - Point of initial impact

Indicate with an arrow



### 4A - Visible damage to vehicle A

Give details of damage(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5A - Description of accident by driver of vehicle A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 6A - Signature of driver of vehicle A

You cannot modify any recorded information after you have signed.

## Attendant Circumstances

Date of accident  Time (24 hour clock)

**Exact location of accident** (use road name, nearby public buildings, shops, junctions, etc.)

\_\_\_\_\_

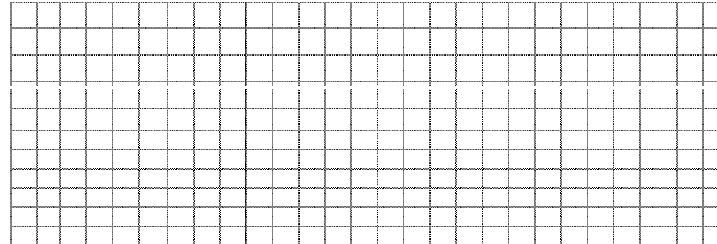
*Put a cross (X) in the relevant boxes to help to explain the plan*

Vehicle A	Vehicle B
<input type="checkbox"/> 1 parked (at the roadside)	<input type="checkbox"/> 1
<input type="checkbox"/> 2 leaving a parking place (at the roadside)	<input type="checkbox"/> 2
<input type="checkbox"/> 3 entering a parking space (at the roadside)	<input type="checkbox"/> 3
<input type="checkbox"/> 4 emerging from or entering a car park, private grounds, a track	<input type="checkbox"/> 4
<input type="checkbox"/> 5 entering a roundabout	<input type="checkbox"/> 5
<input type="checkbox"/> 6 circulating in a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7 hitting the rear of the other vehicle while going in the same direction and in the same file	<input type="checkbox"/> 7
<input type="checkbox"/> 8 going in the same direction but in a different lane	<input type="checkbox"/> 8
<input type="checkbox"/> 9 changing lanes	<input type="checkbox"/> 9
<input type="checkbox"/> 10 overtaking	<input type="checkbox"/> 10
<input type="checkbox"/> 11 turning to the right	<input type="checkbox"/> 11
<input type="checkbox"/> 12 turning to the left	<input type="checkbox"/> 12
<input type="checkbox"/> 13 reversing	<input type="checkbox"/> 13
<input type="checkbox"/> 14 encroaching in the opposite traffic lane	<input type="checkbox"/> 14
<input type="checkbox"/> 15 not observing give way sign	<input type="checkbox"/> 15

### Collision sketch to show how the accident happened

Show the position of vehicles A and B at the time of the accident. Begin by drawing the plan of the road, indicating any traffic signs.

Then, use arrows to indicate the directions in which vehicles A and B were moving just before the accident.



### Witnesses

Tick(✓) the last box if the witness was a passenger of any vehicle involved in the accident.

Name	Address	Tel. No.	
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>

### Observations

## VEHICLE B

*To be completed by driver of vehicle B in BLOCK letters*

### 1B - Vehicle details

Type, make, colour  Registration No.

Insurance company  Name of Agent or Broker (if any)

Insured policy holder (Refer to insurance vignette)

Family Name  First Name

Address   
Tel. No.

Policy No.  Valid until

### 2B - Driver details (Refer to driving licence)

Family name  First Name

Sex  Age(years)

Address   
Tel. No.

Driving Licence No.  Date of issue

### 3B - Point of initial impact

Indicate with an arrow



### 4B - Visible damage to vehicle A

Give details of damage(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5B - Description of accident by driver of vehicle B

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 6B - Signature of driver of vehicle B

You cannot modify any recorded information after you have signed.