



# EUROPEAN ACCIDENT STATEMENT

In the event of an auto accident, follow the instructions below on how to complete this form.



## Step 1: Complete the Accident Statement pages

Fill in the 1<sup>st</sup> copy of this page. If another party is involved in the accident, they must fill in the other column. Both parties should also complete the 2<sup>nd</sup> copy of the form.

If either party does not agree with the information the other party has provided, this should be stated in the "My remarks" section. Both parties should sign the page at the bottom. Keep the 1<sup>st</sup> copy and give the second copy to the other party.

## Step 2: Complete the Declaration Statement pages

Fill in the 1<sup>st</sup> copy as soon as possible. The other party will need to complete the 2<sup>nd</sup> copy which they will retain.

Sign the page at the bottom, and send it to USAA along with the 1<sup>st</sup> Accident Statement page.



Full details on how to complete this form can be found on the last page of this form

You may contact USAA toll-free at the following numbers:

From a mobile phone or landline in:	Policy Service	Claims
Belgium	0800-817-59	
Germany	0800-724-4196	
Italy	800-971-707	
Spain	900-813-479	
UK	0800-289-192	
Most European Countries (landline only)	00-800-531-81110	00-800-531-82220
Greece (landline only)	00-800-11-005-4316	00-800-11-005-2526
United States	800-531-USAA (8722)	

### Hours of Operation, Central European Time:

**Policy Service:** Monday-Friday, 08:00 to 01:00; Saturday, 15:00 to 23:30

**Claims:** 24 hours a day, 7 days a week

**This page is intentionally left blank**

# ACCIDENT STATEMENT

Sheet 1/2



1. Date of accident	Time	2. Locality:	Place: .....	3. Injury(es) even if slight
		Country: .....		no <input type="checkbox"/> yes <input type="checkbox"/>

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°	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

<p>▼ A</p> <p><input type="checkbox"/> 1 * parked/stopped</p> <p><input type="checkbox"/> 2 * leaving a parking place/ opening the door</p> <p><input type="checkbox"/> 3 entering a parking place</p> <p><input type="checkbox"/> 4 emerging from a car park, from private ground, from a track</p> <p><input type="checkbox"/> 5 entering a car park, private ground, a track</p> <p><input type="checkbox"/> 6 entering a roundabout</p> <p><input type="checkbox"/> 7 circulating a roundabout</p> <p><input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane</p> <p><input type="checkbox"/> 9 going in the same direction but in a different lane</p> <p><input type="checkbox"/> 10 changing lanes</p> <p><input type="checkbox"/> 11 overtaking</p> <p><input type="checkbox"/> 12 turning to the right</p> <p><input type="checkbox"/> 13 turning to the left</p> <p><input type="checkbox"/> 14 reversing</p> <p><input type="checkbox"/> 15 encroaching on a lane reserved for circulation in the opposite direction</p> <p><input type="checkbox"/> 16 coming from the right (at road junctions)</p> <p><input type="checkbox"/> 17 had not observed a right of way sign or a red light</p>	<p>▼ B</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p>
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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 13.

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°	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: .....

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

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

11. Visible damage to vehicle A:

.....

.....

11. Visible damage to vehicle B:

.....

.....

14. My remarks:

.....

.....

15. Signatures of the drivers 15.

.....

.....

14. My remarks:

.....

.....

The data provided on this form will be used to process the accident claim and to determine the amount of the compensation. It is the responsibility of the policyholder to provide accurate information. The data may also be used for the purpose of the 2007 Road Traffic Act. The data may also be used for the purpose of the 2007 Road Traffic Act. The data may also be used for the purpose of the 2007 Road Traffic Act.







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 : .....  
.....  
.....  
.....

- In another vehicle : .....  
.....  
.....  
.....

- Outside any vehicle : .....  
.....  
.....  
.....

- Damage to property other than to the vehicles A and B : .....  
.....  
.....  
.....

## Directions for Use of the Agreed Statement and Accident Report

*This form is in the pattern approved by the European Insurance Committee (C.E.A.)*

### 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.
- 2. **Do not forget**, when filling in the statement ;
- 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.

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Edited by ASSURALLIA

# European

# Accident Statement

don't get angry

be polite

keep calm

see directions for use