

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.

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 B

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.

Vehicle A

Attendant Circumstances

Date of accident Time (24 hour clock)

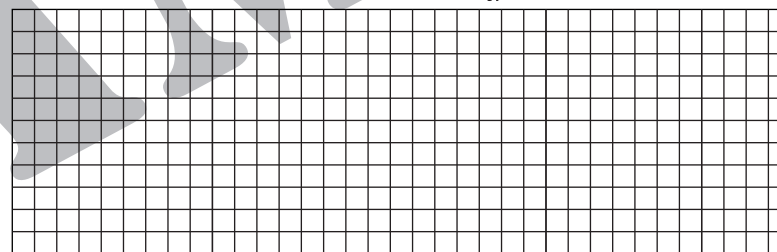
Exact location of accident (use road name, nearby public buildings, shops, junctions, etc.)

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

1	parked (at the roadside)	1
2	leaving a parking place (at the roadside)	2
3	entering a parking space (at the roadside)	3
4	emerging from or entering a car park, private grounds, a track	4
5	entering a roundabout	5
6	circulating in a roundabout	6
7	hitting the rear of the other vehicle while going in the same direction and in the same file	7
8	going in the same direction but in a different lane	8
9	changing lanes	9
10	overtaking	10
11	turning to the right	11
12	turning to the left	12
13	reversing	13
14	encroaching in the opposite traffic lane	14
15	not observing give way sign	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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

Observations

WHEN THIS FORM CANNOT BE USED...

According to the Road Traffic (Amendment No. 3) Act 2003, this form should not be filled if:

- more than 2 vehicles are involved in the accident;
- the driver of the other vehicle does not agree with you on how the accident happened;
- the driver appears to be under the influence of alcohol or drugs;
- there are casualties (fatal, serious or slight injuries);
- there is damage to structure and property other than the vehicles (e.g. traffic signs, guard rails, kerbs, boundary walls, gates, etc.);
- a State-owned vehicle is involved in the accident;
- any of the motor vehicles does not have a valid insurance vignette;
- one of the drivers does not hold a valid driving licence.

WHAT TO DO IN SITUATIONS WHERE THIS FORM CANNOT BE USED?

Immediately call the police for assistance

Always keep your calm and behave in a polite manner