

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 2024-06-04 527262	2 Place(exact location of accident) surat	3 injuries even if slight no <input checked="" type="checkbox"/> yes <input type="checkbox"/>
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4 Property damage other than to the vehicles A and B

A und B: no yes

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

Jay, surat, 526242752725

vehicle A

6. Insured policyholder (see insurance cert)

NAME(capital name) Jay

First name Jay

Address surat

Tel. No.(from 9hrs.to 17hrs.) 45735745

Can the insured recover the Value Added Tax on the vehicle? no yes

7. vehicle

Make,type Hyundai, 4 wheeler

Registration No.(engine No.) surat

8. Insurance company

Jay

Policy No. pp

Agent(or broker) 12341234

Green Card No.(if issued) xardd

{Ins.Cert of Green card} valid until 2024-05-21

Is damage to the vehicle insured no yes

9. driver (see driving licence)

Name(capital letters) mukesh

First Name ambani

Address antilia house, lambe Hanuman road, new mumbai

Driving licence No. Ahb43

Groups issued by

valid form to 2024-05-31

12. circumstances

Put a cross (X) in each of the relevant spaces to help explain the plan

A			B
<input checked="" type="checkbox"/>	1	parked (at the roadside)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2	parkte ein	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3	leaving a parking place (at the roadside)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	4	emerging form a car park,form private grounds from a track	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5	enetring a car park private grounds a track	<input type="checkbox"/>
<input checked="" type="checkbox"/>	6	enetring a roundabout (or simmlar traffic system)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7	circulating in a roundabout etc.	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/>
<input checked="" type="checkbox"/>	9	going in the same direaction but in a different lane	<input type="checkbox"/>
<input checked="" type="checkbox"/>	10	changing lanes	<input type="checkbox"/>
<input checked="" type="checkbox"/>	11	overtaking	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	turning to the right	<input type="checkbox"/>
<input checked="" type="checkbox"/>	13	turning to the left	<input type="checkbox"/>
<input checked="" type="checkbox"/>	14	reversing	<input type="checkbox"/>
<input checked="" type="checkbox"/>	15	encroaching in the oppsite traffic lane	<input type="checkbox"/>
<input checked="" type="checkbox"/>	16	coming from the right (at road junctions)	<input type="checkbox"/>
<input type="checkbox"/>	17	not observing a right of way sign	<input type="checkbox"/>

State TOTAL number of spaces marked with a croos

[17] (: spaces marked with a) [1]

vehicle B

6. Insured policyholder (see insurance cert)

NAME(capital name)

First name

Address

Tel. No.(from 9hrs.to 17hrs.)

Can the insured recover the Value Added Tax on the vehicle? no yes

7. vehicle

Make,type

Registration No.(engine No.)

8. Insurance company

Policy No.

Agent(or broker) 12341234

Green Card No.(if issued)

{Ins.Cert of Green card} valid until

Is damage to the vehicle insured no yes

9. driver (see driving licence)

Name(capital letters) mukesh

First Name ambani

Address antilia house, lambe Hanuman road, new mumbai

Driving licence No. Ahb43

Groups issued by

valid form to 2024-05-31

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

	1	1	1	1	1	1	1	1	1	1	1	1	
10. Indicate by an arrow the point of initial impact	1	1	1	1	1	1	1	1	1	1	1	1	10. Indicate by an arrow the point of initial impact
flag not found of type unknown	1	1	1	1	1	1	1	1	1	1	1	1	flag
11. visible damage	1	1	1	1	1	1	1	1	1	1	1	1	11. visible damage
	1	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	1	1	

15. Signatures of the drivers **15.**

14. remarks:

Name: _____ **A**



14. remarks:

Name: _____ **B**

"in the event of injuries or in the event of damage to property other than the vehicle 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

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) I don't know about occupation				
	2. Make/Model/Type Hyundai /verna / 4 wheeler	C.C Don't understand	if commerical vehicle state carrying capicity and g.p.w. surat	date of first registration as new 2024-06-04	Registration mark surat
Insured vehicle	Please give/confirm instruction on my/our behalf (where appropriate for the repairs)				
	3. Are you the owner ? no <input type="checkbox"/> yes <input checked="" type="checkbox"/>			if no. state Owner's name and address	
	4. Exact purpose for which vehicle was being used at time of accident Don't know about this				
	5. Is the vehicle still in use? no <input type="checkbox"/> yes <input checked="" type="checkbox"/>			if no. state Owner's name and address	
Driver Or person in charge of vehicle <small>(if the insured complete this section as appropriate)</small>	6. Name and address of finaces Company (if any) bajaj / surat				
	7. Date of Birth 2024-06-03	Occupation ajajk	Date driving test passed 2024-06-03	was he driving with your permission no <input checked="" type="checkbox"/> yes <input type="checkbox"/>	Registration mark no <input checked="" type="checkbox"/> yes <input type="checkbox"/>
	Please give/confirm instruction on my/our behalf (where appropriate for the repairs)				
	3. Are you the owner ? no <input type="checkbox"/> yes <input checked="" type="checkbox"/>			if no. state Owner's name and address	
	8. give details of alt driving convictions including pending prosecutions jun				
	9. Full details of alt driving convictions including pending prosecutions jun				
	Date		Offence	Penalty	
abc		abc	abc		
abc		abc	abc		
abc		abc	abc		
Injured Person	10. Name(s),Address(es) and and approximate Age(s) ns, wk, 1		injuries Sustained sk	If vehicle Occupants state in which vehicle oK	Were seat belts being ? slo
	Damage to Property & Vehicle (other than vehicles 'A' & 'B' overleaf)		11. Owners(s) Name(s) and Address(es) hh, yh	Details of vehicles of property cijy	Nature of Damage ghn
Police Action	12. Was the accident reported to police ? If yes, give station and P.C's name and number		no <input checked="" type="checkbox"/> yes <input type="checkbox"/> gh		
	13. Was warning of prosecution given If yes, against whom?		no <input checked="" type="checkbox"/> yes <input type="checkbox"/> hhj		
Accident Details	14. Weather conditions				
	15. Speed of vehicles A <input type="checkbox"/> B <input type="checkbox"/>				
	16. what warnings were given by driver or other party?				
	17. Were street lights illuminated yes <input type="checkbox"/> no <input type="checkbox"/>				
	18. what light were displayed on your vehicle the/other vehicle(s)				
Declaration	19. if your vehicle is commercial state weight of load earned at time of accident				
	20. State how accident happened indicating width of roads speed limits etc				
I/We decalre the foregoing particulars are true in every respect.					
18. what light were displayed on your vehicle the/other vehicle(s)		karan			