

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident

2026-05-14

Time

17:20

2. Place

Boulevard Mohamed Zerkouni 120, Casablanca, MA

VEHICLE A

6. Policyholder/Insured

(see insurance certificate)

Surname

El Amrani

First name

Mohamed

Address

Boulevard Mohamed Zerkouni 120, Casablanca

Postcode

20120

Country

MA

Phone/ email

+212 661 234567

7.1 Motor vehicle

Make, type

Dacia Logan

Registration number

44718-A-1

Country of registration

MA

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

Wafa Assurance

Policy number

MA-2026-551083

Green Card number

MA/26/551083

Insurance certificate/Green Card valid

from

2026-01-01

to

2026-12-31

Agency (office or broker)

Name

Address

1, boulevard Abdelmoumen, 20100 Casablanca

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☐ no

☒ yes

9. Driver

(see driving licence)

Surname

El Amrani

First name

Mohamed

Date of birth

1980-05-02

Address

Boulevard Mohamed Zerkouni 120, Casablanca

Postcode

20120

Country

MA

Phone/ email

+212 661 234567, m.elamrani@example.com

Driving licence no.

MA 4471820

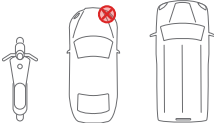
Category (A,B,...)

B

Licence valid until

2030-05-02

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

Je traversais tout droit le carrefour Boulevard Mohamed Zerkouni, sur la voie de droite, a environ 40 km/h. Le (...)

3. Injuries

Injured/slightly injured?

☒ no

☐ yes

4. Material damage

to vehicles other than A and B

☒ no

☐ yes

to objects other than vehicles

☒ no

☐ yes

12. Circumstances

Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

A

01

☐

was parked / was stationary

02

☐

was leaving a parking place / was opening a car door

03

☐

was pulling into a parking place

04

☐

was leaving a car park, private property or a track

05

☐

was entering a car park, private property or a track

06

☐

was entering a roundabout

07

☐

was driving on a roundabout

08

☐

struck the rear of the other vehicle while going in the same direction and in the same lane

09

☐

was going in the same direction, but in a different lane

10

☐

was changing lanes

11

☐

was overtaking

12

☐

was turning right

13

☐

was turning left

14

☐

was reversing

15

☐

was crossing into the oncoming lane

16

☐

was coming from the right (at a junction)

17

☐

had ignored a priority sign or a red light

☐

Enter the number of boxes marked with a cross.

B

01

☐

02

☐

03

☐

04

☐

05

☐

06

☐

07

☐

08

☐

09

☐

10

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11

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12

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13

☐

14

☐

15

☐

16

☒

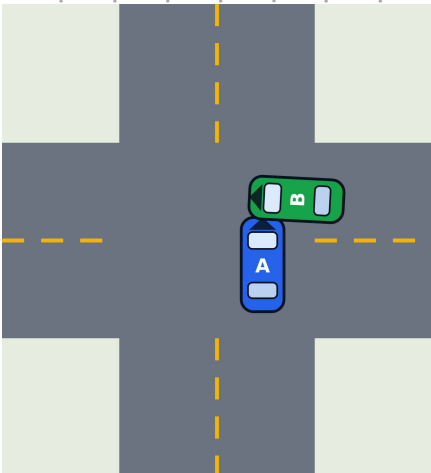
17

☒

2

13. Sketch of the accident at the moment of impact

Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers

A



B



5. Witnesses

(underline passengers)

Names, addresses, phone numbers

Fatima Benali, +212 661 000111

VEHICLE B

6. Policyholder/Insured

(see insurance certificate)

Surname

Dupont

First name

Jean

Address

57 rue de Charonne, Paris

Postcode

75011

Country

FR

Phone/ email

+33 6 12 34 56 78

7.1 Motor vehicle

Make, type

Renault Clio

Registration number

AB-447-CD

Country of registration

FR

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

AXA France IARD

Policy number

FR-2026-884213

Green Card number

FR/26/884213

Insurance certificate/Green Card valid

from

2026-02-01

to

2027-01-31

Agency (office or broker)

Name

Address

313 Terrasses de l'Arche, 92727 Nanterre Cedex

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☒ no

☐ yes

9. Driver

(see driving licence)

Surname

Dupont

First name

Jean

Date of birth

1982-01-15

Address

57 rue de Charonne, Paris

Postcode

75011

Country

FR

Phone/ email

+33 6 12 34 56 78, jean.dupont@example.com

Driving licence no.

FR 12B44718

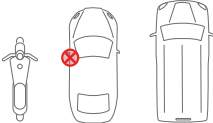
Category (A,B,...)

B

Licence valid until

2030-01-15

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks

J'arrivais au carrefour Boulevard Mohamed Zerkouni par la droite, depuis la voie secondaire. J'ai vu le vehicule A trop (...)

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| European Accident Statement

English

Annex - additional details

14. Notes (optional) (A)

Je traversais tout droit le carrefour Boulevard Mohamed Zerkouni, sur la voie de droite, a environ 40 km/h. Le vehicule B est arrive de la droite et ne m'a pas cede le passage. Aile avant droite, pare-chocs et phare droit endommages.

14. Notes (optional) (B)

J'arrivais au carrefour Boulevard Mohamed Zerkouni par la droite, depuis la voie secondaire. J'ai vu le vehicule A trop tard et ne lui ai pas cede le passage. Flanc gauche endommagé, au niveau de la portiere avant. Je reconnais ma responsabilite.