FORM

European Accident Statement

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 290 Fulham Palace Road, London, GB

3. Injuries

Injured/slightly injured? [X] no [ ] yes

4. Material damage

to vehicles other than A and B [X] no [ ] yes

to objects other than vehicles [X] no [ ] yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers Sarah Brown, +44 7700 900111

VEHICLE A

6. Policyholder/Insured (see insurance certificate)

Surname Smith

First name John

Address 290 Fulham Palace Road, London

Postcode SW6 6HP Country GB

Phone/ email +44 7700 900123

7.1 Motor vehicle

Make, type Ford Focus

Registration number LM71 XKD

Country of registration GB

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Aviva Insurance Limited

Policy number AV-2026-447182

Green Card number GB/26/447182

Insurance certificate/Green Card valid

from 2026-01-01 to 2026-12-31

Agency (office or broker)

Name

Address St Helen's, 1 Undershaft, London EC3P 3DQ

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[ ] no [X] yes

9. Driver (see driving licence)

Surname Smith

First name John

Date of birth 1984-07-22

Address 290 Fulham Palace Road, London

Postcode SW6 6HP Country GB

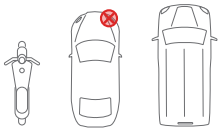
Phone/ email +44 7700 900123, john.smith@example.com

Driving licence no. SMITH807224J99

Category (A,B,...) B

Licence valid until 2031-07-22

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



11. Visible damage to vehicle A

14. Remarks

I was driving straight across the junction along Fulham Palace Road in the right-hand lane at about 40 km/h. (...)

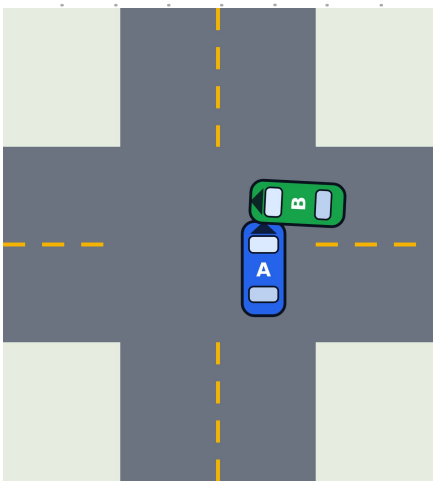
12. Circumstances

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

	A		B
01	[ ]	was parked / was stationary	[ ] 01
02	[ ]	was leaving a parking place / was opening a car door	[ ] 02
03	[ ]	was pulling into a parking place	[ ] 03
04	[ ]	was leaving a car park, private property or a track	[ ] 04
05	[ ]	was entering a car park, private property or a track	[ ] 05
06	[ ]	was entering a roundabout	[ ] 06
07	[ ]	was driving on a roundabout	[ ] 07
08	[ ]	struck the rear of the other vehicle while going in the same direction and in the same lane	[ ] 08
09	[ ]	was going in the same direction, but in a different lane	[ ] 09
10	[ ]	was changing lanes	[ ] 10
11	[ ]	was overtaking	[ ] 11
12	[ ]	was turning right	[ ] 12
13	[ ]	was turning left	[ ] 13
14	[ ]	was reversing	[ ] 14
15	[ ]	was crossing into the oncoming lane	[ ] 15
16	[ ]	was coming from the right (at a junction)	[X] 16
17	[ ]	had ignored a priority sign or a red light	[X] 17
	[ ]	Enter the number of boxes marked with a cross.	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

VEHICLE B

6. Policyholder/Insured (see insurance certificate)

Surname Murphy

First name John

Address 14 Rathgar Road, Dublin

Postcode D06 F8K2 Country IE

Phone/ email +353 86 1234567

7.1 Motor vehicle

Make, type Toyota Corolla

Registration number 221-D-44718

Country of registration IE

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name FBD Insurance plc

Policy number IE-2026-778120

Green Card number IE/26/778120

Insurance certificate/Green Card valid

from 2026-02-01 to 2027-01-31

Agency (office or broker)

Name

Address FBD House, Bluebell, Dublin 12

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[X] no [ ] yes

9. Driver (see driving licence)

Surname Murphy

First name John

Date of birth 1980-05-30

Address 14 Rathgar Road, Dublin

Postcode D06 F8K2 Country IE

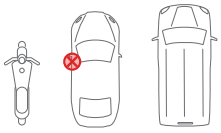
Phone/ email +353 86 1234567, john.murphy@example.com

Driving licence no. IE 55108422

Category (A,B,...) B

Licence valid until 2029-05-30

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



11. Visible damage to vehicle B

14. Remarks

I was approaching the junction with Fulham Palace Road from the right, on the minor road. I saw vehicle A too late (...)

Annex - additional details

14. Notes (optional) (A)

I was driving straight across the junction along Fulham Palace Road in the right-hand lane at about 40 km/h. Vehicle B came from the right and failed to give way. Damage to the front right wing, bumper and right headlight.

14. Notes (optional) (B)

I was approaching the junction with Fulham Palace Road from the right, on the minor road. I saw vehicle A too late and did not give way. Damage to the left flank, level with the front door. I accept fault.