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** Laugavegur 118, Reykjavik, IS

**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 Anna Gu?mundsdottir,

+354 661 0111

## VEHICLE A

**6. Policyholder/Insured** (see insurance certificate)

Surname Jonsson

First name Jon

Address Laugavegur 118, Reykjavik

Postcode 105 Country IS

Phone/ email +354 661 2345

**7.1 Motor vehicle**

Make, type Toyota Land Cruiser

Registration number KL 447

Country of registration IS

**7.2 Trailer**

Registration number

Country of registration

**8. Insurance company** (see insurance certificate)

Company name Sjova-Almennar tryggingar hf.

Policy number IS-2026-114770

Green Card number IS/26/114770

Insurance certificate/Green Card valid

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

Agency (office or broker)

Name

Address Kringlan 5, 103 Reykjavik

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[ ] no [X] yes

**9. Driver** (see driving licence)

Surname Jonsson

First name Jon

Date of birth 1983-10-09

Address Laugavegur 118, Reykjavik

Postcode 105 Country IS

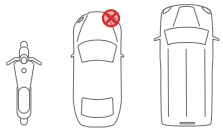
Phone/ email +354 661 2345, jon.jonsson@example.com

Driving licence no. IS 4471820

Category (A,B,...) B

Licence valid until 2029-10-09

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



**11. Visible damage to vehicle A**

**14. Remarks**

Eg ok beint yfir gatnamotin eftir Laugavegur a haegri akrein

a um 40 km/klst. Okutaeki B kom fra haegri og veitti mer (...)

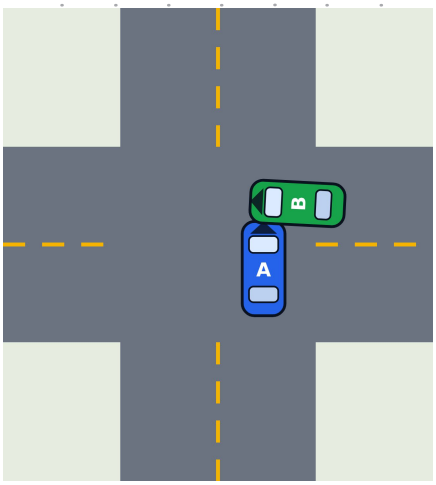
**12. Circumstances**

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) | 16 [X] |
| 17 [ ] | had ignored a priority sign or a red light | 17 [X] |
| [ ] | 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 Nordmann

First name Ola

Address Trondheimsveien 210, Oslo

Postcode 0964 Country NO

Phone/ email +47 412 34 567

**7.1 Motor vehicle**

Make, type Volvo XC60

Registration number AB 44718

Country of registration NO

**7.2 Trailer**

Registration number

Country of registration

**8. Insurance company** (see insurance certificate)

Company name Gjensidige Forsikring ASA

Policy number NO-2026-551083

Green Card number NO/26/551083

Insurance certificate/Green Card valid

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

Agency (office or broker)

Name

Address Schweigaards gate 21, 0185 Oslo

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy?

[X] no [ ] yes

**9. Driver** (see driving licence)

Surname Nordmann

First name Ola

Date of birth 1981-09-05

Address Trondheimsveien 210, Oslo

Postcode 0964 Country NO

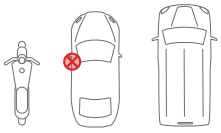
Phone/ email +47 412 34 567, ola.nordmann@example.com

Driving licence no. NO 5510842

Category (A,B,...) B

Licence valid until 2031-09-05

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



**11. Visible damage to vehicle B**

**14. Remarks**

Jeg naermet meg krysset med Laugavegur fra hoyre, fra

den underordnede veien. Jeg sa kjoretoy A for sent og (...)

# Annex - additional details

## 14. Notes (optional) (A)

Eg ok beint yfir gatnamotin eftir Laugavegur a haegri akrein a um 40 km/klst. Okutaeki B kom fra haegri og veitti mer ekki forgang. Skemmdir a haegra frambretti, stu?ara og haegra framljosi.

## 14. Notes (optional) (B)

Jeg naermet meg krysset med Laugavegur fra hoyre, fra den underordnede veien. Jeg sa kjoretoy A for sent og overholdt ikke vikeplikten. Skader pa venstre side ved fordoren. Jeg erkjenner skylden.