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** Bagdat Caddesi 198, Istanbul, TR

**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 Ayse Demir, +90 532 100 01 11

## VEHICLE A

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

Surname Yilmaz

First name Ahmet

Address Bagdat Caddesi 198, Istanbul

Postcode 34726 Country TR

Phone/ email +90 532 123 45 67

**7.1 Motor vehicle**

Make, type Renault Megane

Registration number 34 AB 4471

Country of registration TR

**7.2 Trailer**

Registration number

Country of registration

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

Company name Anadolu Anonim Turk Sigorta Sirketi

Policy number TR-2026-551083

Green Card number TR/26/551083

Insurance certificate/Green Card valid

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

Agency (office or broker)

Name

Address Ruzgarlibahce Mah. Cam Pinari Sok. No: 6, 34805 Beykoz/Istanbul

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [ ] no [X] yes

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

Surname Yilmaz

First name Ahmet

Date of birth 1981-06-18

Address Bagdat Caddesi 198, Istanbul

Postcode 34726 Country TR

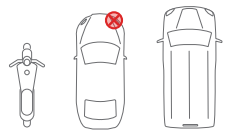
Phone/ email +90 532 123 45 67, ahmet.yilmaz@example.com

Driving licence no. TR 8842130

Category (A,B,...) B

Licence valid until 2030-06-18

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



**11. Visible damage to vehicle A**

**14. Remarks**

Bagdat Caddesi uzerinde kavsaktan duz geciyordum, sag seritte, yaklasik 40 km/s hizla. B araci sagdan geldi ve gecis (...)

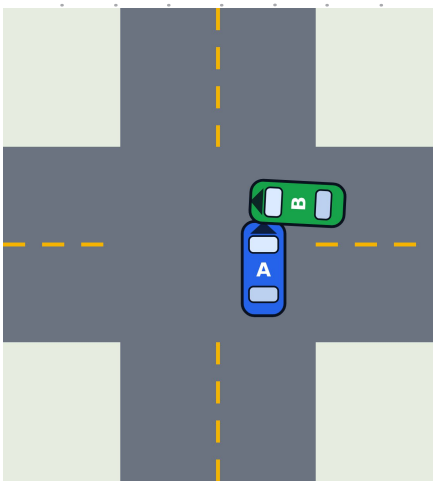
**12. Circumstances**

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 Mustermann

First name Erika

Address Schonhauser Allee 118, Berlin

Postcode 10439 Country DE

Phone/ email +49 171 2345678

**7.1 Motor vehicle**

Make, type Volkswagen Golf

Registration number B-MU 4471

Country of registration DE

**7.2 Trailer**

Registration number

Country of registration

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

Company name HUK-COBURG Versicherung AG

Policy number KH-2026-884213

Green Card number DE/26/884213

Insurance certificate/Green Card valid

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

Agency (office or broker)

Name

Address Bahnhofsplatz 1, 96444 Coburg

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [X] no [ ] yes

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

Surname Mustermann

First name Erika

Date of birth 1981-11-19

Address Schonhauser Allee 118, Berlin

Postcode 10439 Country DE

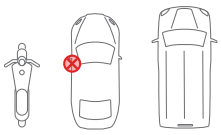
Phone/ email +49 171 2345678, erika.mustermann@example.com

Driving licence no. B4471820D

Category (A,B,...) B

Licence valid until 2032-11-19

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



**11. Visible damage to vehicle B**

**14. Remarks**

Ich naherte mich der Kreuzung Bagdat Caddesi von rechts aus der untergeordneten Strasse. Fahrzeug A habe ich zu (...)

# Annex - additional details

## 14. Notes (optional) (A)

Bagdat Caddesi uzerinde kavsaktan duz geciyordum, sag seritte, yaklasik 40 km/s hizla. B araci sagdan geldi ve gecis hakki vermedi. Sag on camurluk, tampon ve sag far hasar gordu.

## 14. Notes (optional) (B)

Ich naherte mich der Kreuzung Bagdat Caddesi von rechts aus der untergeordneten Strasse. Fahrzeug A habe ich zu spat gesehen und ihm die Vorfahrt genommen. Beschadigt ist die linke Seite auf Hohe der Vordertur. Ich erkenne mein Verschulden an.