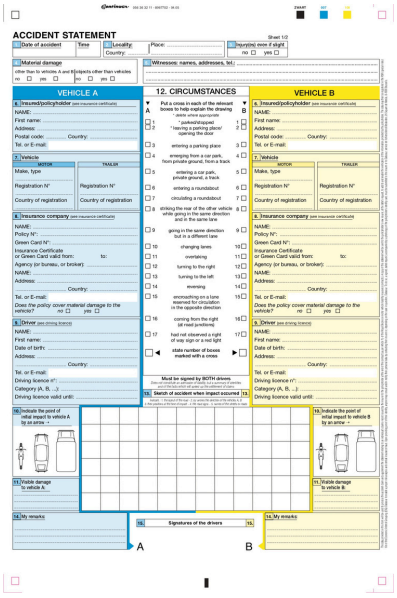
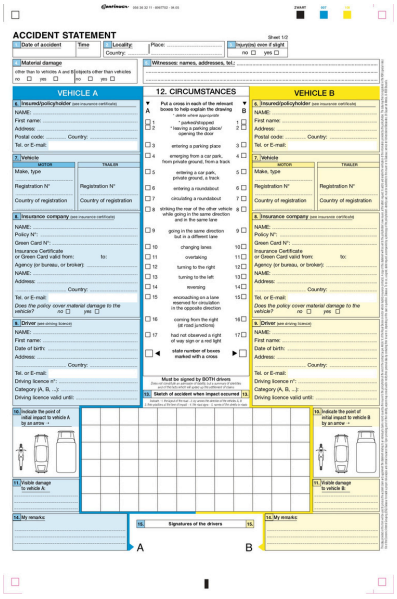
SEIPPEL & SEIPPEL

International Insurance Brokers

Instructions – How to complete the European Accident Statement (DAA)





The **European Accident Statement (DAA)** is used for the quick and correct handling of a traffic accident.

On the **first page**, each driver must complete **one of the two columns** only (Vehicle A or B) with their own details. If there is any disagreement regarding how the accident occurred, this should be noted in the "**My remarks**" section. A simple sketch of the accident should be provided.

Signing the form is not mandatory. The signature only confirms the information provided and **does not constitute an admission of liability.** If no agreement is reached or there are doubts about the information, the form should not be signed.

The **second page** is a copy of the accident statement. Each party must send their copy to **their own insurance company.**

The accident statement may be completed **in any language**, provided both parties understand its content. **If you require a towing service, please contact your insurance company directly.**

Attention: The damage report form may not be modified, supplemented, or corrected after submission. Otherwise, the party that made the changes will automatically be deemed the responsible party.

For any questions or assistance, please contact Seippel & Seippel:

Tel.: 971 67 12 14
E-Mail: claims@seippel.com

Continuga 056 36 32 11 - 8967702 - 04.05
ZWART 007 108

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
		Country:		no ☐ yes ☐

4. Material damage

other than to vehicles A and B: no ☐ yes ☐ | objects other than vehicles: no ☐ yes ☐

5. Witnesses: names, addresses, tel.:

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)

NAME:
Policy N°:
Green Card N°:
Insurance Certificate or Green Card valid from: to:
Agency (or bureau, or broker):
NAME:
Address:
Country:
Tel. or E-mail:
Does the policy cover material damage to the vehicle? *no* ☐ *yes* ☐

9. Driver (see driving licence)

NAME:
First name:
Date of birth:
Address:
Country:
Tel. or E-mail:
Driving licence n°:
Category (A, B, ...):
Driving licence valid until:

12. CIRCUMSTANCES

A	Put a cross in each of the relevant boxes to help explain the drawing ** delete where appropriate*	B
☐ 1	* parked/stopped	1 ☐
☐ 2	* leaving a parking place/ opening the door	2 ☐
☐ 3	entering a parking place	3 ☐
☐ 4	emerging from a car park, from private ground, from a track	4 ☐
☐ 5	entering a car park, private ground, a track	5 ☐
☐ 6	entering a roundabout	6 ☐
☐ 7	circulating a roundabout	7 ☐
☐ 8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 ☐
☐ 9	going in the same direction but in a different lane	9 ☐
☐ 10	changing lanes	10 ☐
☐ 11	overtaking	11 ☐
☐ 12	turning to the right	12 ☐
☐ 13	turning to the left	13 ☐
☐ 14	reversing	14 ☐
☐ 15	encroaching on a lane reserved for circulation in the opposite direction	15 ☐
☐ 16	coming from the right (at road junctions)	16 ☐
☐ 17	had not observed a right of way sign or a red light	17 ☐
☐ ◀	**state number of boxes marked with a cross**	▶ ☐

Must be signed by BOTH drivers

Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims

13. Sketch of accident when impact occurred 13.

Indicate : 1. the layout of the road - 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

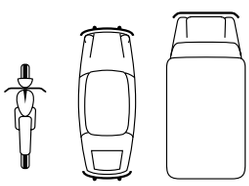
8. Insurance company (see insurance certificate)

NAME:
Policy N°:
Green Card N°:
Insurance Certificate or Green Card valid from: to:
Agency (or bureau, or broker):
NAME:
Address:
Country:
Tel. or E-mail:
Does the policy cover material damage to the vehicle? *no* ☐ *yes* ☐

9. Driver (see driving licence)

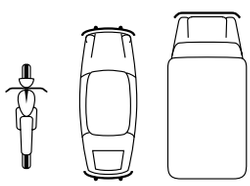
NAME:
First name:
Date of birth:
Address:
Country:
Tel. or E-mail:
Driving licence n°:
Category (A, B, ...):
Driving licence valid until:

10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

10. Indicate the point of initial impact to vehicle B by an arrow →



11. Visible damage to vehicle B:

14. My remarks:

15. Signatures of the drivers 15.

A B

14. My remarks:

The data provided on this form will be used to process the accident claim and supplement the statement relating to an individual's claims record issued by the insurer to the policyholder at the end of the contract (as per Article 1 c of the Royal Decree on motor vehicle liability insurance contracts). A copy of this statement will be sent to the policyholder's new insurer, at the latter's request, to add to and enable the verification of the information provided by the policyholder. The data may then be registered in the RSR (special risks) file of the Economic Interest Grouping (EIG) Datassur to enable a proper risk analysis and combat insurance fraud. Upon providing proof of their identity, anyone may consult and/or rectify their personal data by contacting their insurer or, depending on the case in question, Datassur. To do so, a signed, dated request, accompanied by a photocopy of the policyholder's identity card, must be submitted to the insurer or to Datassur, service de l'chiers/dienst Bestanden, 29 Square de Meeûs, B-1000 Brussels.

DECLARATION

to be completed by the insured
and sent immediately to his insurer

• REPORTING AUTHORITY Has an official report been drawn up ?	no ☐ yes ☐
By whom ?	.....
Number of official report (if any)	.....
Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs ?	no ☐ yes ☐
Has the driver of your vehicle refused a blood test for alcoholism or drugs ?	no ☐ yes ☐
The documents issued by the authorities having made a report, have to be sent to your insurer.	
• YOUR VEHICLE : Chassis n°	.....
Cylinder or power	.....
Nature of use at the time of the accident	private - business - professional *
Date and colour of last certificate issued by the technical control	.....
• REPAIRER : name and address :	.....
	.....
Immobilized vehicle	no ☐ yes ☐
• THE TRAILER OF YOUR VEHICLE	
Make and type	.....
Chassis n°	.....
Maximum authorized weight (tare and load)	.....
• DRIVER OF YOUR VEHICLE Is he the regular driver ?	no ☐ yes ☐
In what capacity was he driving ?	authorized driver - owner - relative - friend - garage keeper *
His birthday ?	.....
• V.A.T.	
What is the professional activity of the owner of the vehicle ?	.....
What is his V.A.T. immatriculation n° ?	.....
Is he authorized to deduct the V.A.T. regarding the damaged good ?	no ☐ yes ☐
In the affirmative case	completely - partly * ..... %

OTHER INFORMATION (IF ANY)

Any fraud or attempted fraud perpetrated against the insurance company shall be prosecuted under Article 496 of the Penal Code.

• THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

In your vehicle :

.....

.....

.....

In the vehicle of the T.P. :

.....

.....

Outside any vehicle :

.....

.....

• OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent)

.....

.....

.....

Names and addresses of the injured : .....

.....

• RESPONSIBILITY : who is, in your opinion, responsible for the accident and why ?

.....

.....

• INSURANCES ON YOUR VEHICLE :

T.P. LIABILITY	MATERIAL DAMAGE	FIRE	THEFT	LEGAL PROTECTION	PASSENGERS
Ins. Co, name	Name	Name	Name	Name	Name
Policy n°	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°

• DO YOU STILL POSSESS ANOTHER REPORT FORM ? no ☐ yes ☐ Made at ..... on .....20 .....

• WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?

☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Signature

* Delete where appropriate !

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ZWART 007 108

ACCIDENT STATEMENT

1. Date of accident	Time	2. Locality:	Place:	3. Injury(es) even if slight
		Country:		no ☐ yes ☐

4. Material damage

other than to vehicles A and B: no ☐ yes ☐ | objects other than vehicles: no ☐ yes ☐

5. Witnesses: names, addresses, tel.:

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

8. Insurance company (see insurance certificate)

NAME:
Policy N°:
Green Card N°:
Insurance Certificate or Green Card valid from: to:
Agency (or bureau, or broker):
NAME:
Address:
Country:
Tel. or E-mail:
Does the policy cover material damage to the vehicle? *no* ☐ *yes* ☐

9. Driver (see driving licence)

NAME:
First name:
Date of birth:
Address:
Country:
Tel. or E-mail:
Driving licence n°:
Category (A, B, ...):
Driving licence valid until:

12. CIRCUMSTANCES

A	Put a cross in each of the relevant boxes to help explain the drawing ** delete where appropriate*	B
☐ 1	* parked/stopped	1 ☐
☐ 2	* leaving a parking place/ opening the door	2 ☐
☐ 3	entering a parking place	3 ☐
☐ 4	emerging from a car park, from private ground, from a track	4 ☐
☐ 5	entering a car park, private ground, a track	5 ☐
☐ 6	entering a roundabout	6 ☐
☐ 7	circulating a roundabout	7 ☐
☐ 8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 ☐
☐ 9	going in the same direction but in a different lane	9 ☐
☐ 10	changing lanes	10 ☐
☐ 11	overtaking	11 ☐
☐ 12	turning to the right	12 ☐
☐ 13	turning to the left	13 ☐
☐ 14	reversing	14 ☐
☐ 15	encroaching on a lane reserved for circulation in the opposite direction	15 ☐
☐ 16	coming from the right (at road junctions)	16 ☐
☐ 17	had not observed a right of way sign or a red light	17 ☐
☐ ◀	**state number of boxes marked with a cross**	▶ ☐

Must be signed by BOTH drivers

Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims

13. Sketch of accident when impact occurred 13.

Indicate : 1. the layout of the road - 2. by arrows the direction of the vehicles A, B 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

VEHICLE B

6. Insured/policyholder (see insurance certificate)

NAME:
First name:
Address:
Postal code: Country:
Tel. or E-mail:

7. Vehicle

MOTOR	TRAILER
Make, type	
Registration N°	Registration N°
Country of registration	Country of registration

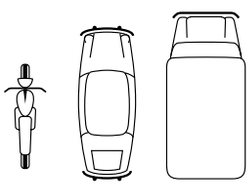
8. Insurance company (see insurance certificate)

NAME:
Policy N°:
Green Card N°:
Insurance Certificate or Green Card valid from: to:
Agency (or bureau, or broker):
NAME:
Address:
Country:
Tel. or E-mail:
Does the policy cover material damage to the vehicle? *no* ☐ *yes* ☐

9. Driver (see driving licence)

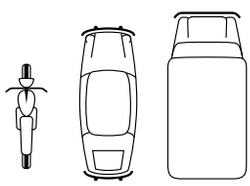
NAME:
First name:
Date of birth:
Address:
Country:
Tel. or E-mail:
Driving licence n°:
Category (A, B, ...):
Driving licence valid until:

10. Indicate the point of initial impact to vehicle A by an arrow →



11. Visible damage to vehicle A:

10. Indicate the point of initial impact to vehicle B by an arrow →



11. Visible damage to vehicle B:

14. My remarks:

15. Signatures of the drivers 15.

A B

14. My remarks:

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DECLARATION

to be completed by the insured
and sent immediately to his insurer

• REPORTING AUTHORITY Has an official report been drawn up ?	no ☐ yes ☐
By whom ?	.....
Number of official report (if any)	.....
Has the driver of your vehicle been submitted to a blood test or other test for alcoholism or drugs ?	no ☐ yes ☐
Has the driver of your vehicle refused a blood test for alcoholism or drugs ?	no ☐ yes ☐
The documents issued by the authorities having made a report, have to be sent to your insurer.	
• YOUR VEHICLE : Chassis n°	.....
Cylinder or power	.....
Nature of use at the time of the accident	private - business - professional *
Date and colour of last certificate issued by the technical control	.....
• REPAIRER : name and address :	.....
	.....
Immobilized vehicle	no ☐ yes ☐
• THE TRAILER OF YOUR VEHICLE	
Make and type	.....
Chassis n°	.....
Maximum authorized weight (tare and load)	.....
• DRIVER OF YOUR VEHICLE Is he the regular driver ?	no ☐ yes ☐
In what capacity was he driving ?	authorized driver - owner - relative - friend - garage keeper *
His birthday ?	.....
• V.A.T.	
What is the professional activity of the owner of the vehicle ?	.....
What is his V.A.T. immatriculation n° ?	.....
Is he authorized to deduct the V.A.T. regarding the damaged good ?	no ☐ yes ☐
In the affirmative case	completely - partly * ..... %

OTHER INFORMATION (IF ANY)

Any fraud or attempted fraud perpetrated against the insurance company shall be prosecuted under Article 496 of the Penal Code.

• THE INJURED (mention surnames, first names, addresses and phone numbers of the injured and nature of injuries)

In your vehicle :

.....

.....

.....

In the vehicle of the T.P. :

.....

.....

Outside any vehicle :

.....

.....

• OTHER MATERIAL DAMAGE than to vehicles A and B (nature and extent)

.....

.....

.....

Names and addresses of the injured : .....

.....

• RESPONSIBILITY : who is, in your opinion, responsible for the accident and why ?

.....

.....

• INSURANCES ON YOUR VEHICLE :

T.P. LIABILITY	MATERIAL DAMAGE	FIRE	THEFT	LEGAL PROTECTION	PASSENGERS
Ins. Co, name	Name	Name	Name	Name	Name
Policy n°	Policy n°	Policy n°	Policy n°	Policy n°	Policy n°

• DO YOU STILL POSSESS ANOTHER REPORT FORM ? no ☐ yes ☐ Made at ..... on .....20 .....

• WHAT IS THE N° OF YOUR POST- OR BANK ACCOUNT (if any) ?

☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Signature

* Delete where appropriate !

In the event of damage to property other than to the vehicles A and B, give information (owner's identity, address, etc.) here.

If there are injured persons, note here their surname, first name, address, telephone number and, if possible, the nature of their injuries.

When you complete the declaration (on the back of the report form) transcribe this information.

– In your vehicle : .....

.....

.....

.....

– In another vehicle : .....

.....

.....

.....

– Outside any vehicle : .....

.....

.....

.....

– Damage to property other than to the vehicles A and B : .....

.....

.....

.....

Directions for Use of the Agreed Statement and Accident Report

This form is in the pattern approved by the European Insurance Committee (C.E.A.)

To be used for any motor vehicle accident

What to do in case of accident ?

- **If there are injuries :**
  - If the severity of the injuries justifies it, dial 100 which alerts the hospital authorities and the Police.
  - Contact the Police immediately - your are legally obliged to do so - in those cases when it is not necessary to dial 100.
  - Make a note of the name, address and telephone number of the injured persons before they leave the scene (on the inside cover of this report form).
- **If damage to vehicles only :**
  - If you are impeding traffic, traffic regulations require you to remove your vehicle as soon as possible. However, take the precaution of marking on the ground the four corners of the vehicles with chalk or otherwise. Make a note, if appropriate, of brake marks, mud or debris. Photographs are always useful.
  - Call the Police if you think it will be in your interest, for example if the other driver refuses to give his version or to sign the report form.

How does one fill in the Accident Statement ?

- **At the scene of the accident :**
  1. **Use one copy of the Agreed Statement of Facts** if 2 vehicles are involved (2 copies if 3 vehicles, etc.). **It doesn't matter who supplies it or who completes it.** Preferably use a ball-point pen and press hard ; the carbon copy will be more legible.
  2. **Do not forget,** when filling in the statement ;
     - to refer before replying to the questions ;
       (a) under items 6 and 8, to your insurance documents (certificate or green card) ;
       (b) under item 9, to your driving licence ;
     - to indicate precisely the point of initial impact (item 10) ;
     - to put a cross (X) in each of the spaces level with each of the items relevant to the circumstances (Nos. 1 to 17) of the accident (item 12) and to indicate the number of spaces so marked ;
     - to make a plan of the accident (item 13).
  3. If there were any witnesses to the accident, write down their names and addresses, particularly if you encounter difficulties with the other driver.
  4. **Sign the statement and get it signed by the other driver.** Hand one of the copies to him and keep the other one.
- **When you get home :**
  - Complete the details which your insurer requires, by filling in the accident report on the back of the form.
  - Do not forget to state precisely where and when your vehicle will be available for inspection in order that an assessor may be able to inspect the damage as quickly as possible.
  - **Under no circumstances** alter anything on **the face** of the form.
  - Forward this document **without delay** to your insurer.
- **Special notes :**
  - If the other driver also has a form in the pattern approved by the European Insurance Committee but in a different language, you can agree to use his form. **It is identical with yours** and you can therefore follow the translation from item to item (they are numbered for this purpose) on your own form.
  - The present form can also be used in the case of accidents where no third-party injuries are involved, for example : own damage, theft, fire etc.

As soon as you receive a new form, put it in the glove compartment of your vehicle.

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Edited by ASSURALIA

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European Accident Statement

don't get angry

be polite

keep calm

see directions for use