

agreed statement of facts on motor vehicle accident

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

Must be signed by BOTH drivers

1. date of accident 5/2-06	time 16:00	2. place (exact location of accident) Austarägen, Akalla ^{vid Mercedes} Norrut	3. injuries even if slight <input checked="" type="checkbox"/> no <input type="checkbox"/> yes *
4. property damage other than to the vehicles A and B <input checked="" type="checkbox"/> no <input type="checkbox"/> yes *		5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)	

vehicle A

6. insured policyholder (see insurance cert.)
Name D MARK
(capital letters)
First name _____
Address SKOGSÅNGSV 32
16341 Spånga
Tel. No. (from 9 hrs. to 17 hrs.) 08-58423100
Can the Insured recover the Value Added Tax on the vehicle? no yes

7. vehicle
Make, type Scania
Registration No. (or engine No.) TJX868

8. insurance company
TRYGGMANSKA
Policy No. 556594 6836
Agent (or broker) _____
Green Card No. (if issued) _____
Ins. Cert. or Green card } valid until _____
Is damage to the vehicle insured? no yes

9. driver (see driving licence)
Name HELLSTROM
(capital letters)
First name ANDREAS
Address Edövä 1290 76791 Halöstrand
Driving licence No. 831212-0598
Groups BC Issued by Vägverket
valid from 2004-11-20 to 2014-11-20

12. circumstances
Put a cross (X) in each of the relevant spaces to help explain the plan.

<input type="checkbox"/>	1	parked (at the roadside)	<input type="checkbox"/>
<input type="checkbox"/>	2	leaving a parking place (at the roadside)	<input type="checkbox"/>
<input type="checkbox"/>	3	entering a parking place (at the roadside)	<input type="checkbox"/>
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a track	<input type="checkbox"/>
<input type="checkbox"/>	5	entering a car park, private grounds, a track	<input type="checkbox"/>
<input type="checkbox"/>	6	entering a roundabout (or similar traffic system)	<input type="checkbox"/>
<input type="checkbox"/>	7	circulating in a roundabout etc. striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/>
<input type="checkbox"/>	8	going in the same direction but in a different lane	<input type="checkbox"/>
<input checked="" type="checkbox"/>	9	changing lanes	<input type="checkbox"/>
<input type="checkbox"/>	11	overtaking	<input type="checkbox"/>
<input type="checkbox"/>	12	turning to the right	<input type="checkbox"/>
<input type="checkbox"/>	13	turning to the left	<input type="checkbox"/>
<input type="checkbox"/>	14	reversing	<input type="checkbox"/>
<input type="checkbox"/>	15	encroaching in the opposite traffic lane	<input type="checkbox"/>
<input type="checkbox"/>	16	coming from the right (at road junctions)	<input type="checkbox"/>
<input type="checkbox"/>	17	not observing a right of way sign	<input type="checkbox"/>

State TOTAL number of spaces marked with a cross

vehicle B

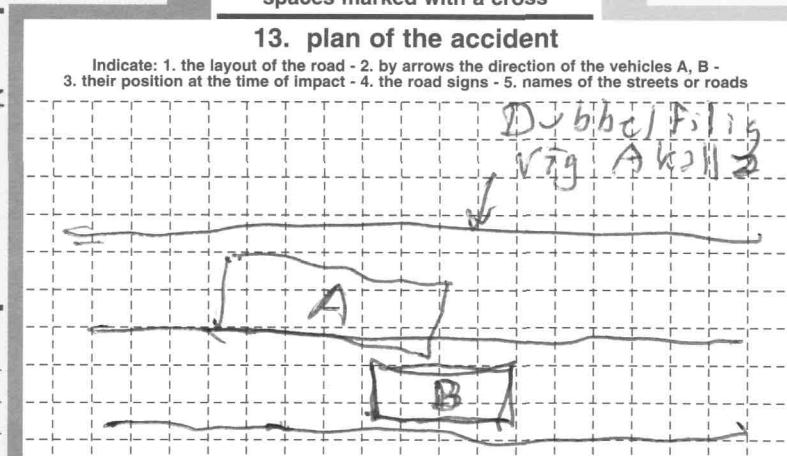
6. insured policyholder (see insurance cert.)
Name SUNDGREN
(capital letters)
First name Hans
Address Tessing 3B
722 16 Vårby
Tel. No. (from 9 hrs. to 17 hrs.) 070-6486130
Can the Insured recover the Value Added Tax on the vehicle? no yes

7. vehicle
Make, type S226 9-3
Registration No. (or engine No.) KMX834

8. insurance company
SAAB
Policy No. _____
Agent (or broker) _____
Green Card No. (if issued) _____
Ins. Cert. or Green card } valid until _____
Is damage to the vehicle insured? no yes

9. driver (see driving licence)
Name HANS SUNDGREN
(capital letters)
First name HANS
Address Tessing 3B 722 16 Vårby
Driving licence No. 570130-1912
Groups AB Issued by Vägverket
valid from 2002-04-25 to 2012-08-14

10. Indicate by an arrow the point of initial impact



10. Indicate by an arrow the point of initial impact

11. visible damage
Lack från bil B
inga skador

11. visible damage
Vårby kört över
Väg V hål i dörr
V huvud
Littare skrap

14. remarks

15. signatures of the drivers
A Andreas Hellström B Hans Sundgren

14. remarks
Lack på st
fordrätt kört

LPO 445 DC 15.513

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

For Insured's accident report see back