

ACCIDENT STATEMENT

Sheet 1/2

1. Date of accident

Time

16/10/2026

08:40

2. Locality:

Place: Corner of Elm Road and Station Street, Leeds LS6 2AB

Country: United Kingdom

3. Injury(es) even if slight

no ☒ yes ☐

4. Material damage

other than to vehicles A and B objects other than vehicles

no ☒ yes ☐ no ☒ yes ☐

5. Witnesses: names, addresses, tel.:

Sarah Collins — 9 Elm Road, Leeds LS6 2AB — 07700 900123

VEHICLE A

6. Insured/policyholder (see insurance certificate)

NAME: ..Hughes.....

First name: ..Daniel.....

Address: ..41 Kirkstall Lane, Leeds.....

Postal code: ..LS5 3BE Country: ..United Kingdom.....

Tel. or E-mail: 07700 900456

7. Vehicle

MOTOR

Make, type

..Ford Focus.....

Registration N°

..YK21 HDE.....

Country of registration

..GB.....

TRAILER

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME: ..Northgate Mutual.....

Policy N°: ..NGM-2024-118274.....

Green Card N°: ..GB-NGM-552019.....

Insurance Certificate or Green Card valid from: 01/01/2026to: 31/12/2026

Agency (or bureau, or broker): ..Northgate Leeds Office.....

NAME: ..Northgate Leeds Office.....

Address: ..12 Park Row, Leeds LS1 5HD.....

Country: ..United Kingdom.....

Tel. or E-mail: 0113 496 0001

Does the policy cover material damage to the vehicle? no ☐ yes ☒

9. Driver (see driving licence)

NAME: ..Hughes.....

First name: ..Daniel.....

Date of birth: ..14/05/1988.....

Address: ..41 Kirkstall Lane, Leeds.....

Country: ..United Kingdom.....

Tel. or E-mail: 07700 900456

Driving licence n°: ..HUGHE805148DJ9AB.....

Category (A, B, ...): ..B.....

Driving licence valid until: ..31/12/2034.....

12. CIRCUMSTANCES

▼ Put a cross in each of the relevant boxes to help explain the drawing ▼

* delete where appropriate

A

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

* parked/stopped

* leaving a parking place/ opening the door

entering a parking place

emerging from a car park, from private ground, from a track

entering a car park, private ground, a track

entering a roundabout

circulating a roundabout

striking the rear of the other vehicle while going in the same direction and in the same lane

going in the same direction but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane reserved for circulation in the opposite direction

coming from the right (at road junctions)

had not observed a right of way sign or a red light

state number of boxes marked with a cross

B

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

* parked/stopped

* leaving a parking place/ opening the door

entering a parking place

emerging from a car park, from private ground, from a track

entering a car park, private ground, a track

entering a roundabout

circulating a roundabout

striking the rear of the other vehicle while going in the same direction and in the same lane

going in the same direction but in a different lane

changing lanes

overtaking

turning to the right

turning to the left

reversing

encroaching on a lane reserved for circulation in the opposite direction

coming from the right (at road junctions)

had not observed a right of way sign or a red light

state number of boxes marked with a cross

1

0

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: ..Patel.....

First name: ..Priya.....

Address: ..7 Cardigan Road, Leeds.....

Postal code: ..LS6 1LF Country: ..United Kingdom.....

Tel. or E-mail: 07700 900789

7. Vehicle

MOTOR

Make, type

..Vauxhall Corsa.....

Registration N°

..LS19 KTR.....

Country of registration

..GB.....

TRAILER

Registration N°

Country of registration

8. Insurance company (see insurance certificate)

NAME: ..Pennine Shield Insurance.....

Policy N°: ..PSI-77-640312.....

Green Card N°: ..GB-PSI-880412.....

Insurance Certificate or Green Card valid from: 01/01/2026to: 31/12/2026

Agency (or bureau, or broker): ..Pennine Shield Leeds.....

NAME: ..Pennine Shield Leeds.....

Address: ..3 Wellington Street, Leeds LS1 4DL.....

Country: ..United Kingdom.....

Tel. or E-mail: 0113 496 0002

Does the policy cover material damage to the vehicle? no ☐ yes ☒

9. Driver (see driving licence)

NAME: ..Patel.....

First name: ..Priya.....

Date of birth: ..02/11/1991.....

Address: ..7 Cardigan Road, Leeds.....

Country: ..United Kingdom.....

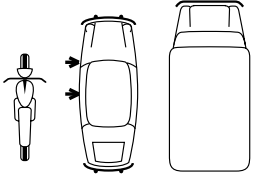
Tel. or E-mail: 07700 900789

Driving licence n°: ..PATEL911021PR8CD.....

Category (A, B, ...): ..B.....

Driving licence valid until: ..31/12/2034.....

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



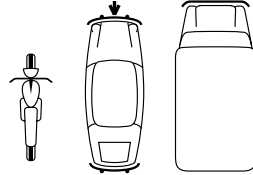
11. Visible damage to vehicle A:

..Front and rear left doors.....

..dented, left wing mirror.....

..broken.....

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



11. Visible damage to vehicle B:

..Front bumper pushed in.....

..bonnet bent, right headlight.....

..broken.....

14. My remarks:

I did not see the STOP sign, it was hidden by a parked lorry.

15. Signatures of the drivers

15.

A. D. Hughes P. Patel B

14. My remarks:

The data provided on this form will be used to process the accident claim and supplement this 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 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 date of request. In addition to and without prejudice to the verification of the information provided by the policyholder, the data may then be requested by the RSC (special risks) file of the Economic Interest Grouping (EIG) Debours to enable a proper risk analysis and control insurance fraud. Upon providing proof of their identity, insurers may consult and/or re-use their personal data by contacting their insurer or depending on the case in question, Debours. 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 Debours, service de l'assurance automobile, 28 Square de Meaux, 63-0000 Brussels.