

Car accident report

This form is for speeding up adjusting your claim.

Both drivers should fill in.

| | | |
|--|---|--|
| 1. Date of the accident _____ Hour _____ | 2. Location (street No., road km) _____ | 3. Injuries? yes <input type="checkbox"/> no <input type="checkbox"/> |
| 4. Other damages than on cars A and B yes <input type="checkbox"/> no <input type="checkbox"/> | 5. Witnesses (name, address, phone - underline the fellow-travellers) _____ | 5a. Was the claim Investigated by the Police? yes <input type="checkbox"/> no <input type="checkbox"/> By who: _____ |

Vehicle A

6. Insured (name, surname and address)

Telephone (from 9.00 till 16.00) _____
V.A.T. payer yes no

7. Vehicle
Make - Type _____
Year of Manufacture _____
Registration number plate _____

8. Insurer
Office Address _____
Liability Insurance No _____
Green card No _____
Border insurance valid till _____
Is the car covered by the motor hull insurance?
yes no
Insurer _____

9. The driver
Surname _____
Name _____
Address _____
Driving license No _____
Class _____ Issued by _____

12. Cross the concerns; the car was

| | | | |
|--------------------------|----|---|--------------------------|
| <input type="checkbox"/> | 1 | parked | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 | getting going | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 | stopping | <input type="checkbox"/> |
| <input type="checkbox"/> | 4 | entering the road | <input type="checkbox"/> |
| <input type="checkbox"/> | 5 | leaving the road | <input type="checkbox"/> |
| <input type="checkbox"/> | 6 | entering the roundabout | <input type="checkbox"/> |
| <input type="checkbox"/> | 7 | going in the roundabout | <input type="checkbox"/> |
| <input type="checkbox"/> | 8 | bumped against the car going in front of you in the same lane | <input type="checkbox"/> |
| <input type="checkbox"/> | 9 | going in the same direction but in a different lane | <input type="checkbox"/> |
| <input type="checkbox"/> | 10 | changing lanes | <input type="checkbox"/> |
| <input type="checkbox"/> | 11 | overtaking | <input type="checkbox"/> |
| <input type="checkbox"/> | 12 | turning right | <input type="checkbox"/> |
| <input type="checkbox"/> | 13 | turning left | <input type="checkbox"/> |
| <input type="checkbox"/> | 14 | pulling back | <input type="checkbox"/> |
| <input type="checkbox"/> | 15 | going on the wrong side of the road | <input type="checkbox"/> |
| <input type="checkbox"/> | 16 | coming from the right | <input type="checkbox"/> |
| <input type="checkbox"/> | 17 | not giving the right of way | <input type="checkbox"/> |
| | | Number of crosses | <input type="checkbox"/> |

Vehicle B

6. Insured (name, surname and address)

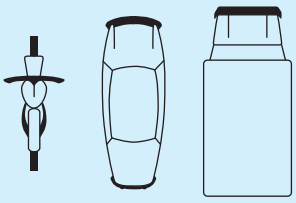
Telephone (from 9.00 till 16.00) _____
V.A.T. payer yes no

7. Vehicle
Make - Type _____
Year of Manufacture _____
Registration number plate _____

8. Insurer
Office Address _____
Liability Insurance No _____
Green card No _____
Border insurance valid till _____
Is the car covered by the motor hull insurance?
yes no
Insurer _____

9. The driver
Surname _____
Name _____
Address _____
Driving license No _____
Class _____ Issued by _____

10. Use pointer to mark the point of impact



11. Visible damage

14. Notes

A

13. Accident situation plan
Mark: 1. Road, 2. Driving direction of the cars A and B, 3. Position of the cars in the moment of impact, 4. Traffic signs, 5. Street names

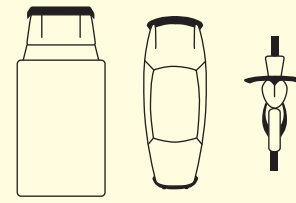
A

B

15. Signatures of the drivers
A _____ B _____

Do not make any changes after signing and separating the forme.

10. Use pointer to mark the point of impact



11. Visible damage

14. Notes

B

A

How to use the „Motor vehicle accident report“ form

The „Motor vehicle accident report“ form is in full compliance with the model made by Comité Européen des Assurances (CEA). It is designed to be applied in case of any motor vehicle accidents, it serves to report the state of facts and no agreement on guilt is necessary for its fulfilment. It can also include contrary statements, on a separate sheet of paper if needed. If the other participant of the accident has the same form agreed by Comité Européen des Assurances, but in a different language, these forms are equal. Therefore you may translate its contents point by point on the basis of your own form. This is the reason why the individual points are numbered.

On the place of the accident

1. Use only one set of forms for 2 participated vehicles (two sets for 3 participated vehicles, etc.). It is not important who delivers and fills in the form. Use a ball pen and write so that the copies are readable.
2. When filling in the „Motor vehicle accident report“ be aware of the following:
 - questions in point 8 refer to your insurance documents (number of the liability insurance document, green card),
 - questions in point 9 refer to your driving licence,
 - mark precisely the crash point (point 10),
 - mark with a cross the variant (1 - 17) related to your motor vehicle accident (point 12) and define the number of marked spaces in the end,
 - make a drawing of the accident (point 13).
3. Do not forget to mention all possible witnesses of the accident, their names and addresses, especially if your opinion is different from the opinions of other participants of the accident.
4. Sign the „Motor vehicle accident report“ and have it signed by the other driver, too. Give one copy to the other participant of the accident and keep your copy in order to give it to your insurer.

After you have filled in the form

- when communicating the accident to the insurance company, do not forget to state when and where the vehicle could be checked by an expert,
- under no circumstances modify the data in the foreside of the form,
- deliver the form immediately to the insurance company.

The „Motor vehicle accident report“ form should be kept on hand. Keep it in the vehicle, please.