

# Traffic Accident Report

This is no admission of liability; it is mere documentation of the accident to facilitate the processing of the claim.

To be filled out by the drivers of both vehicles

1. Date of the accident	Time	2. Place (street, house number, kilometer mark)	Country	3. Injury no <input type="checkbox"/> yes <input type="checkbox"/>
4. Other damages vehicles other than A and B other tangible items no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>		5. Witnesses (name, address, telephone – underline the name of your passenger)		5a. Police investigation done no <input type="checkbox"/> yes <input type="checkbox"/> By whom _____

**Vehicle A**

6. The Insured (name, address)

Telephone / e-mail \_\_\_\_\_  
VAT payer? no  yes

7. Vehicle

MOTOR VEHICLE	TRAILER
Vehicle make, type	
Year of Manufacture	
Registration plate No.	Registration plate No.
Country of registration	Country of registration

8. The Insurer

Branch Address \_\_\_\_\_

Liability policy number \_\_\_\_\_  
Green card number \_\_\_\_\_  
Cover abroad valid until \_\_\_\_\_

Vehicle covered under Casco policy? no  yes

Insurer \_\_\_\_\_

9. Driver

Surname \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone / e-mail \_\_\_\_\_  
Driver's licence number \_\_\_\_\_  
group \_\_\_\_\_ issued by \_\_\_\_\_

12. Circumstances of the accident

For further details, cross-check boxes as applicable – scratch the non-applicable \*

<input type="checkbox"/>	1	* was parked / standing	<input type="checkbox"/>
<input type="checkbox"/>	2	* was starting / door open	<input type="checkbox"/>
<input type="checkbox"/>	3	* was parking / was stopping	<input type="checkbox"/>
<input type="checkbox"/>	4	was leaving a parking lot, private lot, field road	<input type="checkbox"/>
<input type="checkbox"/>	5	was entering a parking lot, private lot, field road	<input type="checkbox"/>
<input type="checkbox"/>	6	was entering a traffic circle	<input type="checkbox"/>
<input type="checkbox"/>	7	was driving in a traffic circle	<input type="checkbox"/>
<input type="checkbox"/>	8	rammed into the back of the vehicle going in the same direction and in the same lane	<input type="checkbox"/>
<input type="checkbox"/>	9	was driving in the same direction in another lane	<input type="checkbox"/>
<input type="checkbox"/>	10	was changing lanes	<input type="checkbox"/>
<input type="checkbox"/>	11	was taking over	<input type="checkbox"/>
<input type="checkbox"/>	12	was turning right	<input type="checkbox"/>
<input type="checkbox"/>	13	was turning left	<input type="checkbox"/>
<input type="checkbox"/>	14	reversing	<input type="checkbox"/>
<input type="checkbox"/>	15	was driving in opposite direction	<input type="checkbox"/>
<input type="checkbox"/>	16	was approaching from the right (on an intersection)	<input type="checkbox"/>
<input type="checkbox"/>	17	failed to give the right of way, failed to make a stop at red light	<input type="checkbox"/>

← Specify number of cross-checked boxes Must be signed by both drivers →

**Vehicle B**

6. The Insured (name, address)

Telephone / e-mail \_\_\_\_\_  
VAT payer? no  yes

7. Vehicle

MOTOR VEHICLE	TRAILER
Vehicle make, type	
Year of Manufacture	
Registration plate No.	Registration plate No.
Country of registration	Country of registration

8. The Insurer

Branch Address \_\_\_\_\_

Liability policy number \_\_\_\_\_  
Green card number \_\_\_\_\_  
Cover abroad valid until \_\_\_\_\_

Vehicle covered under Casco policy? no  yes

Insurer \_\_\_\_\_

9. Driver

Surname \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone / e-mail \_\_\_\_\_  
Driver's licence number \_\_\_\_\_  
group \_\_\_\_\_ issued by \_\_\_\_\_

10. Mark collision point with arrow

11. Visible damage

13. Sketch/drawing of the accident

Mark the follows: 1. road, 2. ride direction of vehicles A and B, 3. position of vehicles of impact, 4. traffic signs, 5. names of streets

10. Mark collision point with arrow

11. Visible damage

14. Comments

15. Drivers' signatures

A B

14. Comments

After signing and separating sheets, the entered data may no longer be changed.