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

		_								
		A	A		В					
14. Comments		-	15. Drivers' signatures				14. Comments			
								<u>distantes</u>		
								_		
								11. Visible damage		
11. Visible damage								11 1/11	o damaga	
F							V	FI		
M I I							N			
811							8			
F							B		EF	
T T									1 1	T
		wark the follows	of impact, 4. traffic signs, 5.	names of streets		n venici	25			
10. Mark collision point with a	arrow	Mark the full	13. Sketch/drawing of 1. road, 2. ride direction of ve	f the accident	anitia	£1	П	10. Mark	collision point wit	h arrow
group issued by	y		Must be signed by be	oth drivers	-		group	issued	d by	
Driver's licence number			Specify number of cross-checked boxes							
Telephone / e-mail			failed to make a stop	at red light	11					
Telephone / e-mail		17	failed to give the rig	ght of way,	17		Telephone / o -			
		10	(on an intersection)		16	-	Address			
Address		16	16 was approaching from the right		16		Address			
Name		- 15	5 was driving in opposite direction		15		SurnameName			
Surname		- 15			1.5					
9. Driver		14	4 reversing		14		9. Driver			
Insurer		-					Insurer			
	no ves] 🗌 13	was turning	left	13				no	yes 🗌
Vehicle covered under Casco policy?		12	2 was turning right		12		Vehicle covered under Casco policy?			
Cover abroad valid untill		12	was turning right		12		Cover abroad valid untill			
Green card number		11	1 was taking over		11		Green card number			
Liability policy number		-	1		4.4		Liability policy number			
		- 10	was changing	lanes	10					
Branch Address		-	in another lane			Branch A				
		- 🗌 9	9 was driving in the same direction		9		-			
8. The Insurer		•	8 going in the same direction and in the same lane		0		8. The Insurer			
Country of registration Country of registration		8	8 rammed into the back of the vehicle going in the same direction		8		Country of registra	ition	Country of regist	ration
		7	was driving in a tra	affic circle	7			1.1.1		
Registration plate No.	Registration plate No.				-		Registration plate	No.	Registration plate	e No.
Year of Manufacture		6	was entering a tra	affic circle	6		Year of Manufactu	re		
			private lot, fiel	u load	******		veнicie make, туре			
MOTOR VEHICLE TRAILER Vehicle make, type		- 5	5 was entering a parking lot, private lot, field road		5		MOTOR VEHICLE Vehicle make, type		TRAILER	
7. Vehicle			private lot, fiel	d road	4		7. Vehicle			
balait		4	was leaving a par	rking lot,	4		with payers			yes _
VAT payer? NO Ves			3 * was parking / was stopping		3		VAT payer? NO		no	yes 🗌
Telephone / e-mail		-			2		Telephone / e-r	nail		
an and approximity for a first state.		2	* was starting / d	oor open	2				1	
		1	* was parked / s	tanding	1					
6. The Insured (name, address)	A	the second s			В	6. The Insured	name, addr	ess)	
6 The Insured (name address)			For further details, cross-check boxes as applicable – scratch the non-applicable *		le		C Th			
Veh	icle A		12. Circumstances of					Vehicle	B	
		_	12 6					By whom		
							2	L		
vehicles other than A and B other tangible items			of your passenger)					no	yes	
4. Other damages	and the second second	5. Witnesse	s (name, address, teleph	none – underlin	e the r	name		5a. Police ir	nvestigation done	
Date of the accident	TITLE	2. 1 1000 (511	eee, nouse number, kiloi	neter mark)	COL	anuy		3. Injury no	yes	
1. Date of the accident	Time	2. Place (street, house number, kilometer mark)			1	Country				
This is no admission of liabil	ity; it is mere documentati	on of the acc	ident to facilitate the	processing of	the cla	aim.	To be	e filled out	by the drivers of	both vehicles

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

A