

# Car accident report

Must be signed by both drivers.

**wustenrot**

ZIVOTNE POISTENIE | NEZIVOTNE POISTENIE

<b>1. Date of accident</b> _____ <b>Time</b> _____	<b>2. City:</b> _____ Place: _____	<b>3. Injuries</b> _____ no <input type="checkbox"/> yes <input type="checkbox"/>
Country: _____		

<b>4. Other damages</b>	<b>5. Witnesses:</b> names, addresses, phones: _____
Other than car damages A and B no <input type="checkbox"/> yes <input type="checkbox"/>	
Damages on other objects no <input type="checkbox"/> yes <input type="checkbox"/>	

## VEHICLE A

**6. INSURED**

Surname: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_

**7. VEHICLE**

MOTOR VEHICLE	TRAILER
Make - Type .....	
Registration No. .....	Registration No. .....
Country of Registration .....	Country of Registration .....

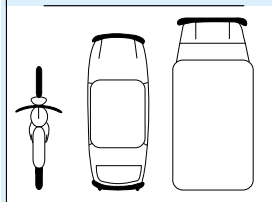
**8. INSURER (Motor Third Party Liability Insurance)**

Name: \_\_\_\_\_  
Insurance Contract No.: \_\_\_\_\_  
Green Card No.: \_\_\_\_\_  
Green Card validity  
From: \_\_\_\_\_ Till: \_\_\_\_\_  
Branch (business agent): \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_  
Car insured (Motor Hull Insurance)?  
no  yes

**9. DRIVER (due to driving licence)**

Surname: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_  
Driving licence No. \_\_\_\_\_  
Class (A, B, ...): \_\_\_\_\_  
Driving licence is valid till: \_\_\_\_\_

**10. INDICATE BY AN ARROW THE POINT OF INITIAL IMPACT (CAR „A“) →**



**11. VISIBLE DAMAGE (CAR „A“):**

.....  
.....  
.....

**14. NOTES:**

.....  
.....

## 12. ACCIDENT CIRCUMSTANCES

**Put a cross in each of the relevant spaces to help explain the plan**

\*delete one alternative

↓	<b>A</b>		<b>B</b>	↓
<input type="checkbox"/>	1	*The car was parked/steady	<input type="checkbox"/>	1
<input type="checkbox"/>	2	*leaving a parking place/ open door	<input type="checkbox"/>	2
<input type="checkbox"/>	3	The car was parking	<input type="checkbox"/>	3
<input type="checkbox"/>	4	entering the road	<input type="checkbox"/>	4
<input type="checkbox"/>	5	leaving the road	<input type="checkbox"/>	5
<input type="checkbox"/>	6	entering a roundabout	<input type="checkbox"/>	6
<input type="checkbox"/>	7	leaving a roundabout	<input type="checkbox"/>	7
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/>	8
<input type="checkbox"/>	9	going in the same direction but in a different lane	<input type="checkbox"/>	9
<input type="checkbox"/>	10	changing lanes	<input type="checkbox"/>	10
<input type="checkbox"/>	11	overtaking	<input type="checkbox"/>	11
<input type="checkbox"/>	12	turning to the right	<input type="checkbox"/>	12
<input type="checkbox"/>	13	turning to the left	<input type="checkbox"/>	13
<input type="checkbox"/>	14	reversing	<input type="checkbox"/>	14
<input type="checkbox"/>	15	encroaching in the opposite traffic lane	<input type="checkbox"/>	15
<input type="checkbox"/>	16	coming from the right (on the crossroad)	<input type="checkbox"/>	16
<input type="checkbox"/>	17	The car did not respect a „give way“ sign or traffic lights	<input type="checkbox"/>	17
<input type="checkbox"/>	<b>Total number of spaces marked with a cross</b>		<input type="checkbox"/>	

**Must be signed by both drivers.**  
This is not acknowledgement of a responsibility. This document is designed to record accident circumstances for purpose of damage recompensation.

**13. Must be signed by both drivers. 13.**

Please mark: 1. direction of traffic lanes 2. driving direction of vehicles A, B (by arrow) 3. position at the moment of collision 4. traffic signs 5. street names

## VEHICLE B

**6. INSURED**

Surname: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_

**7. VEHICLE**

MOTOR VEHICLE	TRAILER
Make - Type .....	
Registration No. .....	Registration No. .....
Country of Registration .....	Country of Registration .....

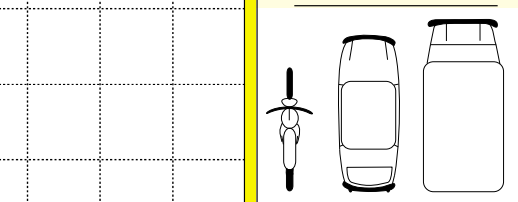
**8. INSURER (Motor Third Party Liability Insurance)**

Name: \_\_\_\_\_  
Insurance Contract No.: \_\_\_\_\_  
Green Card No.: \_\_\_\_\_  
Green Card validity  
From: \_\_\_\_\_ Till: \_\_\_\_\_  
Branch (business agent): \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_  
Car insured (Motor Hull Insurance)?  
no  yes

**9. DRIVER (In accordance with driving licence)**

Surname: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone/e-mail: \_\_\_\_\_  
Driving licence No. \_\_\_\_\_  
Class (A, B, ...): \_\_\_\_\_  
Driving licence is valid till: \_\_\_\_\_

**10. INDICATE BY AN ARROW THE POINT OF INITIAL IMPACT (CAR „B“) →**



**11. VISIBLE DAMAGE (CAR „B“):**

.....  
.....  
.....

**14. NOTES:**

.....  
.....

**15. Signatures of the drivers 15.**

**A** **B**