

CAR ACCIDENT REPORT Must be signed by both drivers.



ŽIVOTNÉ POISTENIE | NEŽIVOTNÉ POISTENIE

1. **Date of accident:** _____ **Time:** _____

2. **City:** _____ **Place:** _____

Country: _____

3. **Injuries:** no yes

4. **Other damages:**

Other than car damages A a B Damages on other objects

no yes no yes

5. **Witnesses:** names, addresses, phones: _____

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: _____

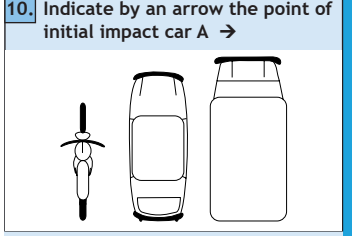
Country: _____

Phone/e-mail: _____

Driving licence No. _____

Class (A, B, ...): _____

Driving licence is valid till: _____



11. **Visible damage car A:**

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14. **Notes:**

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15. **Accident caused by:** Vehicle driver A: no yes

Vehicle driver B: no yes

Common fault: no yes

Other (name, address): _____

12. ACCIDENT CIRCUMSTANCES

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

↓	A	*	B	↓
		* delete one alternative		
	<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	ncroaching 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"/> ←	Total number of spaces marked with a cross	<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 (due to driving licence):**

SURNAME: _____

Name: _____

Date of birth: _____

Address: _____

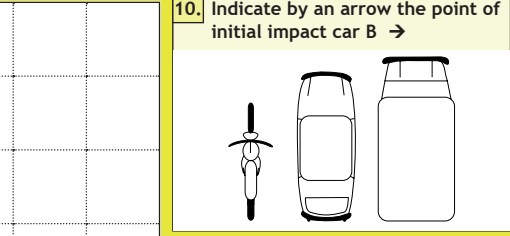
Country: _____

Phone/e-mail: _____

Driving licence No. _____

Class (A, B, ...): _____

Driving licence is valid till: _____



11. **Visible damage car B:**

.....

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14. **Notes:**

.....

.....

15. **Accident caused by:** Vehicle driver A: no yes

Vehicle driver B: no yes

Common fault: no yes

Other (name, address): _____

16. **Signatures of the drivers** 16.

A B