

# Car accident report

This form is for speeding up adjusting your claim.

Both drivers should fill in.

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

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

**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**  
 \_\_\_\_\_  
 \_\_\_\_\_

**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
↓	↓
A	B

**15. Signatures of the drivers**  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Use pointer to mark the point of impact**

**11. Visible damage**  
 \_\_\_\_\_  
 \_\_\_\_\_

**14. Notes**  
 \_\_\_\_\_  
 \_\_\_\_\_

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