

Other (name, address) _

váš partner pre rozumné poistenie	R	egistr	ation o	t accide	ent		
vas paratier pre rozamnie politeine							Must be signed by both driver
1. Date of accident Time	2. Place (street, N° of house, road kilometer, city, country)						3. Injuries yes no
4. Other than car damages A and B yes no no	5. Witnesses (underline the follow-travelers)						Investigated by police yes no
Vehic	le A					Veh	icle B
i. Owner (Name and address)	6. Owner (Name and address						
			_	3			
elephone (9 a.m 4 p.m.)				telephone Payer of V	.A.T.		
yes no					yes		0
'. Vehicle			a cross in each o			7. Vehicle	
yp - Mark		spa 1	ces to help explai	-	1		n No
Registration No. B. Third-party liability insurer					Registration No. 8. Third-party liability insurer		
s. Third-party liability insurer	2 starting to ride 2				8. Triird-party hability insurer		
		3	stopping		3		
Address:		4	entering the ro	ad	4	Address: _	
Policy No	5 leaving the road 5				Policy No		
Green Card No		6	entering a rounda	bout	6	Green Card	d No
For foreigners only) valid until Green Card		7 circulating in a roundabout 7 8 striking the rear of the other vehicle while going 8				(For foreigners only) valid until Green Card	
s the damage to the vehicle insured?	8 striking the rear of the other vehicle while going 8 in the same direction and in the same lane				Is the damage to the vehicle insured?		
yes no		9 going in th	e same direction but	in a different lane	9		yes no no
n which Insurance Comp.?		10	changing lane	s 1	0	In which Ir	nsurance Comp.?
`		11	overtaking	1	1		
). Driver Name:	12 turning to the right 12				9. Driver		
surname:					Name:Surname:		
Address:	13 turning to the left 13				Address:		
Oriving license No.	14 reversing 14				Driving license No.		
Groups Issued by	15 encroaching in the opposite traffic lane 15				Groups Issued by		
·		16	coming from the	right 1	6		
/alid from to for bus, taxi etc.)	17 no	t observing a right o	f way sign 1	Valid from to to			
· · ·	, To	otal number of	spaces				
Indicate by an arrow the point of initial impact	marked with a cross 10. Indicat of initi				by an arrow the point		
		13	B. Plan of the a	iccident			
*							*
4.16:251							44.76.114. 1
1. Visible damage							11. Visible damage
4. Remarks							14. Remarks
5. Accident caused by		_			<u> </u>		15. Accident caused by
/		16. Sig	natures of the	participants		Vehicle dri	
/ehicle driver B yes no	no A B Vehicle d					Vehicle dri Vehicle dri Common f	ver B yes no no
yes 110	~ <u> </u>						yes 110

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