

ACCIDENT REPORTRoad accident or motor vehicle damage

		o iiii on both sides								
	OWN VEHICLE (No. 1)	Insurance number		OTHER VEH	IICLE (N	No. 2)	Number of v	ehicles invo	olved	
DRIVER	Name			Name						
	Date of birth and ID code	.)	Date of birth and ID code			Telephone (8 a.m4 p.m.)				
	Street address Postal code and town or municipality Driving licence Date of issue of the first driving licence Type of driving licence			Street address						
				Postal code and town or municipality Driving licence						
	1 yes 2 no		,, ,	1 yes	2 no					
POSSESSOR	Name			Name						
	Date of birth and ID code/Business ID)	Date of birth and ID code/Business ID Telephone (8)			a.m4 p.m.	.)			
	Street address Postal code and town or municipality			Street address Postal code and town or municipality						
KEEPER	Name			Name						
	Date of birth and ID code	Telephone (8 a.m4 p.m	.)	Date of birth a	nd ID cod	e	Telephone (8	a.m4 p.m.)	
VEHICLE	Registration number	Type (e.g. car)		Registration n	umber		Type (e.g. c	ar)		
	Make and model The first year of service			Make and model						
	Motor third party liability insurer Voluntary motor vehicle insure		insurer	Motor third party liability insurer			Voluntary motor vehicle insurer			
	Leased vehicle Company car VATdeductible/ 1 yes 2 no 1 yes 2 no 1 yes			Leased vehicle Company car 1 yes 2 no 1 yes			VATdeductible/repayable 2 no			
TRAILER	Was a trailer used? 1 yes 2 no		Was a trailer used? 1 yes 2 no			Registration	Registration number			
	Motor third party liability insurer	insurer	Motor third party liability insurer			Voluntary motor vehicle insurer				
DAMAGE TO VEHICLE	Please darken the damaged parts. Damage is agreed on with the insurer before any repair					ged parts. Damage inspect er before any repairs.	ion must be	*		
BANKERS	To whom will the compensation be paid? (name) Bankers (bank and full account number)			To whom will the compensation be paid? (name)						
				Bankers (bank and full account number)						
	BODILY INJURIES	IN OWN VEHICLE injured persons	dead persons	IN OTHER VEHIO		dead persons	OUTSIDE THE injured person		dead persons	
PERSONS SUFFERING	Name			Name Convention						
NJURIES	Date of birth and ID code Occupation			Date of birth and ID code Occupation						
	Street address			Street address						
	Postal code and town or municipality Telephone (8 a.m4 p.m.)			Postal code and town or municipality Telephone (8 a.m4 p.m.)						
	The person suffering injuries was in the vehicle The loss or damage occurred			The person suf	ffering inj	uries was in the vehicle	The loss or o	damage occi	urred	
	no.			no.				or from work		
	1 driver	3 on one's way to or from school	or from work 4 on leisure time	1 driver			3 on one or from		4 on leisure time	
	2 front seat passenger	Type of injuries		2 front sea	at passen	ger	Type of inju			
	3 passenger elsewhere	1 minor injuries	2 severe injuries	3 passenge	er elsewh	ere	1 minor	njuries	2 severe injuries	

3 dead

4 not in the vehicle

3 dead

SKETCH	Please draw and mark						
OF THE ACCI-	 streets and roads with names 						
DENT SCENE	position of the vehicles at the						
	time of the accident						
	driving directions (please mark carefully)						
	– traffic signs						
	ļ						
	Own Other						
	vehicle vehicle 1 2						
	📕 📙 -						
	+ +						
DID THE ACCIDENT OCCUR?							
	Date of accident at	Day of the week		Town or municipality		-	
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addre	·		Town of municipality	where the accident occurred		
PLACE AND		·		Town or management	where the accident occurred		
PLACE AND CIRCUM-		·		Road number			ir in a population centre?
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addre	ess, place name etc.)	S		other vehicle	Did the accident occu	r in a population centre?
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addre	Traffic lights		Road number own vehicle	other vehicle	Did the accident occu	
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addressed Accident scene	Traffic lights 1 no traffic lights 2 traffic lights in 3 traffic lights ou	operation ut of operation	Road number	other vehicle	Did the accident occu	2 no
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addressed accident scene 1 railway crossing 2 junction of a private road or area	Traffic lights 1 no traffic lights 2 traffic lights in	operation ut of operation	Road number own vehicle Type of street or road own vehicle 1 street or	other vehicle other vehicle	Did the accident occu	2 no
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PLACE AND CIRCUM-	Exact place of accident (crossroads, street addressed and accident scene) 1 railway crossing 2 junction of a private road or area 3 priority junction 4 equal junction 5 bridge 6 curve	Traffic lights 1 no traffic lights in 2 traffic lights in 3 traffic lights or Speed limit at the scen	operation ut of operation e of accident	Road number own vehicle Type of street or road own vehicle 1 street or comparable	other vehicle other vehicle 1 street or comparable	Did the accident occu 1 yes Road surface 1 clear and dry 2 clear and wel	2 no
PLACE AND CIRCUM-	Exact place of accident (crossroads, street addressed and accident scene) 1 railway crossing 2 junction of a private road or area 3 priority junction 4 equal junction 5 bridge 6 curve 7 straight stretch	Traffic lights 1 no traffic lights 2 traffic lights in 3 traffic lights ou Speed limit at the scen	operation ut of operation e of accident other vehicle, km/h	Road number own vehicle Type of street or road own vehicle 1 street or comparable 2 motorway	other vehicle other vehicle 1 street or comparable 2 motorway 3 main road	Did the accident occu 1 yes Road surface 1 clear and dry 2 clear and wet 3 snowy or icy Lighting	2 no
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