ACCIDENT ST	TATE	MENT						Sheet 1/4		
1. Date of accident	Time	2. Locality	Pla	ce:	olion sili loi 3.					
		Country:				no	0 🗖	yes 🗖		
Material damage other than to vehicles objects other than			5. Witnesses: names, addresses, tel.:						Where can the vehi	
other than to vehicles objects other than A and B: no yes vehicles: no yes yes yehicles:				nite	3			Snortw	be inspected?	
		/e						a sibinev		
VEHICLE A			nate	stin	12. CIRCUMSTANCES	Snedw VEH	ICLE B			
6. Insured/policyholder (see insurance certificate)			1					6. Insured/policyholder (see insurance certificate)		
NAME:			Α	* delete where appropriate			B	NAME:		
First name:				1 * parked / stopped 1			First name:			
Address:			u	* leaving a parking place / 2 uponing the door			Address:			
Postal code:Country:				a entering a parking place				Postal code: Country:		
Tel. or E-mail:				emerging from a car park, Tel. or E-mail:						
7. Vehicle MOTOR TRAILER				from privat ground, from a track				7. Vehicle MOTOR TRAILER		
Make, type				5	entering a car park, private ground, a track	5	Ч	Make, type	Name, first name	
Registration N°	Registrati	ion N°						Registration N°	Registration N°	
			0	6	entering a roundabout	6 [
Country of registration		of registration		7	circulating a roundabout	7 [Country of registration	Country of registration	
8. Insurance company (see insurance certificate)				8 striking the rear of the other vehicle 8 18 Insurance com				8. Insurance company (see insur	rance certificate)	
NAME:				while going in the same direction and in the same lane				NAME:		
Policy N°:			Third to stab				Policy N°:			
Green Card N°:			10	9	but in a different lane					
Insurance Certificate or Green Card valid from:				10	changing lanes	10 [Insurance Certificate or Green Card valid from:to:to:		
Agency (or bureau, or broker):				11	overtaking	11 [Agency (or bureau, or broker):		
NAME:					turning to the right	12 [100	NAME:		
Address:					turning to the left			Address:		
Country:					Consider	13 [_	Country:		
Tel. or E-mail:					reversing	14		Tel. or E-mail:		
Does the policy cover material damage to the vehicle? no yes yes				15 encroaching on a lane 15 lacked 1				Does the policy cover material damage to the vehicle? no yes 9. Driver (see driving licence)		
Driver (see driving licence)										
NAME:				16	coming from the right (at road junctions)	16		NAME:	eteiner mislo edt al	
First name:					(at road junctions)			First name:		
Date of birth:				17	had not observed a right of way sign or a red light	17		Date of birth:	CO. Further CO.	
Address:				_	, 0	_	~	Address:	•	
Country:				← state number of boxes → marked with a cross				Country:		
Tel. or E-mail:			in de	viovi	Must be signed by both drivers	ons qu	1016	Tel. or E-mail:	The undersigned autho	
Driving licence n°:			29019	Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims				Driving licence n°:		
Category (A, B,):				13. Sketch of accident when impact occured 13. Indicate: 1. the layout of the road · 2. by arrows the direction of the vehicles				Category (A, B,):		
		Old Congress (Congress)			A, $B \cdot 3$, their position at the time of impact \cdot 4. the road signs $\cdot 5$, names of the streets or roads	3310 011		Driving licence valid until:	AUXIOGE 10	
o. Indicate the point of initial impa to vehicle A by an arrow		tive personal of ta. The	0902917		ormation concerning the use of histher				licate the point of initial impact vehicle B by an arrow	
					reblor	iv bilo	0.6			
1. Visible damage to vehicle A:						0.000		11. Visi	ible damage to vehicle B:	
43						NOTION AND ADDRESS OF THE PARTY		194 mu	toll-free n	
1. My remarks:	<u> </u>						_	14. My remarks:		
JIRICH 211 PICH					Signatures of the drivers		2	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.		
								tlu.tlu	LIDZ VA AA AA	
4		٨						В	0.50.000	
								U L		