Accident Repo	ort	Does not constitute an admission of lie a statement of identity and the circu			G Interim	
Date of accident	Time Locality Co	ountry - Place		3 Inju	ries even if slight	
Material damage other than to vehicles A a	and B: objects other than veh	Witnesses; names, addresses	******		****************	
	icle A	Circumstances		230/695	cle B	
6 Insured/policyholder* Surname. First name Address		Put a cross in each of the relevant boxes to help explain the drawing -* delete where appropriate:		6 Insured/policyholder* *** *******************************		
PostcodeCountry		A What happened?	A What happened? B		try	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* parked / stopped	1		***************************************	
Vehicle	The state of the s	* leaving a parking space / opening a vehicle door	2	7 Vehicle	9/23/5/2017 P	
Motor: Make, type	Trailer:	entering a parking space	3	Motor: Make, type	Trailer:	
		*emerging from a parking space, from private premises, from a track	e 2		NAMES OF THE PARTY	
Registration No.	Registration No.	*entering a parking space,	-	Registration No.	Registration No.	
Country of registration	Country of registration	private premises, a track		Country of registration	Country of registration	
		entering a roundabout	6.		,	
Insurance company (see vituative costicute)		circulating a roundabout	7	8 Insurance company (see insurance conficulty)		
Surname		striking the rear of the other vehicle in the same line of traffic and travelling in the same direction		Surname		
Policy No. Green Card No.		going in the same direction but in a different line of traffic	0	Policy No. Green Card No.		
Insurance Certificate		changing lines of traffic	10	Insurance Certificate		
or Green Card valid from		11 overtaking	117	or Green Card valid from		
Agency (or bureau, or broker)		turning to the right	12	to		
		turning to the left	13			
Address		14 reversing	114	Address		
Country		changing to a lane reserved for traffic in		Country Tel. or e-mail		
Does the policy cover material damage to the		the opposite direction	15	Does the policy cover material damage to the		
vehicle? no yes		coming from the right (at a junction)	16	vehicle? no yes		
Driver (see any scenar)	20	had not observed a priority sign or a red ligh	17	9 Driver (see thing learner)		
Sumame		Surname Surname First name				
Date of birth		boxes marked with a cross		Date of birth		
Address		Sketch of accident when impact occurred		Address		
Country		Complete your sketch later: www.AccidentSketch.com Indicate 1, the layout of the road 2, by arrows the direction		Country		
Driving licence No		of the vehicles A, B 3, their position at the time of impact		Driving licence No		
Category (A, B,) Driving licence valid until:		4. the road signs 5. names of the streets or roads				
			_)	With the Season Company of the Company	II	
on the point of initial impact to vehicle A by an arrow →		Your Sketch of the accident:		in	idicate the point of initial inpact to vehicle B by an irrow →	
† 9 1				1		
Visible damage to				11 v	isible damage to	
vehicle A:				VI	ehicle B:	
700700000000000000000000000000000000000	****					
THE CONTRACTOR OF THE CONTRACT					7 C C C C C C C C C C C C C C C C C C C	
		Ma .	100	100		
My remarks:		Signatures of the drivers 15		14 My remarks:		

***************************************			В			

Does not constitute an admission of liability, just