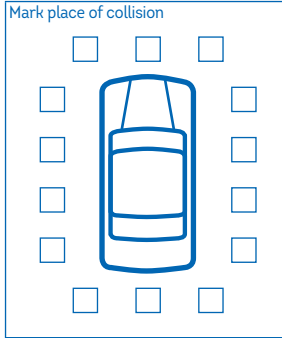
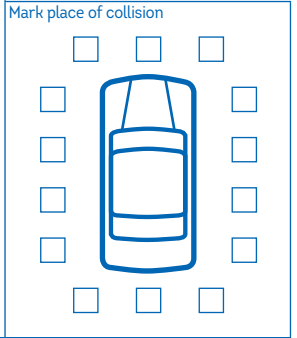


Date of incident (Year-Month-Day)	Time	Place of incident: Street/road and town/village	Were there witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where the police present? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which police district?	Results from breath test <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Non taken	Results from blood tests <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Non taken
		Was there personal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Own Vehicle		Circumstances	Other Party		
Owner's name		<input type="checkbox"/> 1. Was parked/idle	<input type="checkbox"/>	Owner's name	
Personal ID number or Corp. Org. No.		<input type="checkbox"/> 2. Left parking space/ opened door	<input type="checkbox"/>	Personal ID number or Corp. Org. No.	
Address		<input type="checkbox"/> 3. Parked at a pavement/ side of road	<input type="checkbox"/>	Address	
Telephone number		<input type="checkbox"/> 4. Drove out from a parking area, site or similar	<input type="checkbox"/>	Telephone number	
E-mail		<input type="checkbox"/> 5. Drove in to a parking area, site or similar	<input type="checkbox"/>	E-mail	
Is the vehicle used only for commercial traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 6. Drove into a roundabout	<input type="checkbox"/>	Is the vehicle used only for commercial traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner liable to pay VAT <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 7. Drove in a roundabout	<input type="checkbox"/>	Owner liable to pay VAT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration number	Vehicle (make and type)	<input type="checkbox"/> 8. Drove into the rear when driving in the same lane and in the same direction	<input type="checkbox"/>	Registration number	Vehicle (make and type)
Registration number	Trailer (make and type)	<input type="checkbox"/> 9. Drove in the same direction but in another lane	<input type="checkbox"/>	Registration number	Trailer (make and type)
If no Registration number state Insurance number		<input type="checkbox"/> 10. Changed lane	<input type="checkbox"/>	If no Registration number state Insurance number	
		<input type="checkbox"/> 11. Overtook	<input type="checkbox"/>		
Driver's name (if different to the owner, not a company)		<input type="checkbox"/> 12. Turned right	<input type="checkbox"/>	Driver's name (if different to the owner, not a company)	
Personal ID number		<input type="checkbox"/> 13. Turned left	<input type="checkbox"/>	Personal ID number	
Address		<input type="checkbox"/> 14. Reversed	<input type="checkbox"/>	Address	
E-mail		<input type="checkbox"/> 15. Encroached on a roadway reserved for oncoming traffic	<input type="checkbox"/>	E-mail	
Telephone number		<input type="checkbox"/> 16. Came from the right in a crossing	<input type="checkbox"/>	Telephone number	
Foreign driving licence (if yes, enclose a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 17. Did not give way according to the road sign/traffic lights	<input type="checkbox"/>	Foreign driving licence <input type="checkbox"/> Yes <input type="checkbox"/> No	

Sketch map indicating location of accident

Own Vehicle Mark place of collision 	Draw the position of the vehicle when the collision happened. Mark sketch with an A for your own vehicle; mark sketch with a B for counterparty. Use arrows to show how the vehicle was driving before the collision and the intended route. Insert street and roads with names, road signs and road markings. For a collision at a roundabout, indicate where the vehicle drove in the roundabout and if there were one or two lanes.	Other Party Mark place of collision 
Visible damage on own vehicle	Visible damage on other partys vehicle	

Important! Describe the course of events to your own insurance company

In your opinion, who caused the collision and why?

Additional information to your own insurance company

Speed of your vehicle at the time of danger? Km/h	Speed of your vehicle at the time of the collision? Km/h	Actual speed limit? Km/h	Approximate distance from your vehicle to the place of collision when the other party was seen? metre	
Tyres on the car? <input type="checkbox"/> winter <input type="checkbox"/> summer	Road conditions? <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> snow <input type="checkbox"/> ice	Distance to the right roadside? m	Width of road m	Number of people in your vehicle No.
Is your vehicle being repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which garage?	Were salvage services employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle's meter reading?	

Personal injury

Name	Personal ID number	Name	Personal ID number
Address		Address	
E-mail		E-mail	
Telephone number	Bank account	Telephone number	Bank account
Injury/complaint?		Injury/complaint?	
Did you see a doctor because of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Off sick/at home from work because of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you see a doctor because of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Off sick/at home from work because of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No

Witness details

Name	Telephone number	Was witness a passenger? <input type="checkbox"/> In same vehicle <input type="checkbox"/> Counter-party's vehicle <input type="checkbox"/> Other vehicle/place
Address	E-mail	

Material damages, for instance other vehicle, fence, lamppost etc.

Owner's name	Telephone number	E-mail
Address	Type of damage and extent	

Don't forget to sign the form (If you submit the claim through your own e-mail address, this will suffice as a signature)

Driver's signature	Policy holder's signature
Place and Date	Bank account

Your signature gives the insurance company the power of attorney to order additional police reports and other investigations into the case.