

Accident Report

motor liability

hull (Kasko)

Date of accident:	Place of accident:
Time:	Street:

vehicle „A“ (own vehicle)

Insurance holder, tractor unit	
name:	number plate:
street:	type:
city:	date of initial registration:
phone-no.:	chassis-no.:
Insurance holder, trailer	
name:	number plate:
street:	type:
city:	date of initial registration:
phone-no.:	chassis-no.:
Driver from own vehicle	
name:	number driving licence:
address:	authorized category:
date of birth:	issuing authority:
phone-no.:	date of issue:

vehicle „B“ (opposite vehicle)

Insurance holder, opposite vehicle	
name:	number plate:
street:	type:
city:	date of initial registration:
phone-no.:	chassis-no.:
Driver opposite vehicle	
name:	Insurer:
address:	address:
date of birth:	policy-no.:
phone-no.:	phone-no.:

If bodily injury or death of persons

name:	age:
address:	phone-no.:
type of injury:	

Damage on own vehicle:

Damage on opposite vehicle:

Other damages:

what has been damaged:	owner:
	address:
	phone-no.:

--	--

Drawing of the accident:

--

Your interpretation of the accident:

What do you think who is responsible for the accident ?

Has the accident been reported to any authorities ? if yes to which department and what was the reference-no.?

City and date

Signature from the driver

Signature insurance holder