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ACCIDENT NOTICE AND CLAIM

Important note: *The declarant must read and understand the requirements carefully before declaring. The insurance enterprise may refuse or reduce the compensation amount if it receives untruthful declaration content.*

Vehicle owner's name:

Address:

..... Telephone

Accident license plate: Tonnage/number of seats:
.....

Car Make:..... Car life

Driver's Name: GP driving number:.
..... Category:.....

Contact:..... Telephone:.....

(* In case there are many other CIT insurance certificates, they must be fully notified in addition to the contents of this declaration).

Certificate of Technical Safety and Environmental Protection Inspection
No.:.....

Effective from...../...../... come...../...../.....

Certificate of Insurance No.:..... Effective from...../...../... come...../...../.....

Name of the insurer:.....

Place of issue:
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Date and time of accident:
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The location of the accident
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Tonnage and number of people in the vehicle at the time of the accident:
Person

..... Ton.

Police agencies to handle accidents:
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DEVELOPMENT AND CAUSES OF THE ACCIDENT

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DAMAGE SITUATION

About people:

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Regarding property (If it is a car, it must clearly state the license plate, vehicle owner - Full name, Address, Telephone, Insurance certificate number, place of insurance):

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CONFIRMATION BY THE GOVERNMENT/POLICE/WITNESSES

(Specify the full name, address, ID card number of the accident witness if any)

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CLAIMS AND OTHER PROPOSALS OF VEHICLE OWNERS

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Disclaimer: I warrant that the above declarations are true and according to my understanding
my. If anything goes wrong, I take full responsibility.

.....day... month... year.....

DECLARANT

*(If the driver is not the car owner)
(Signed, clearly stating full name)*

CHỦ XE

(Sign and clearly write your full name and seal)

