

1. Dátum nehody	Hodina	2. Miesto (ulica, č. domu, kilometer cesty, mesto, štát)	3. Zranení <input type="checkbox"/> áno <input type="checkbox"/> nie
4. Iné poškodenia než na vozoch A a B <input type="checkbox"/> áno <input type="checkbox"/> nie	5. Svedkovia (spolujazdca podčiarknite)	Vyšetrované políciou <input type="checkbox"/> áno <input type="checkbox"/> nie	

[illegible]

Po podpísaní vyplnené údaje nemeňte.



# genertel.sk Agreed statement of facts on motor vehicle accident

Must be signed by both drivers

1. Date of accident	Time	2. Place (street, N° of house, road kilometer, city, country)	3. Injuries yes <input type="checkbox"/> no <input type="checkbox"/>
4. Other than car damages A and B yes <input type="checkbox"/> no <input type="checkbox"/>	5. Witnesses (underline the follow-travelers)		Investigated by police yes <input type="checkbox"/> no <input type="checkbox"/>

Vehicle A	Vehicle B
6. Owner (Name and address) _____ _____ _____ telephone (9 a.m. - 4 p.m.) _____ Payer of V.A.T. yes <input type="checkbox"/> no <input type="checkbox"/>	6. Owner (Name and address) _____ _____ _____ telephone (9 a.m. - 4 p.m.) _____ Payer of V.A.T. yes <input type="checkbox"/> no <input type="checkbox"/>

Vehicle A	12. Put a cross in each of the relevant spaces to help explain the plan	Vehicle B
7. Vehicle Type-Mark _____ Registration No. _____	1 The car was parked	7. Vehicle Type-Mark _____ Registration No. _____
8. Third-party liability insurer _____ Address: _____ Policy No. _____ Green Card No. _____ (For foreigners only) valid until _____ Green Card _____ Is the damage to the vehicle insured? yes <input type="checkbox"/> no <input type="checkbox"/> In which Insurance Comp.? _____	2 starting to ride	8. Third-party liability insurer _____ Address: _____ Policy No. _____ Green Card No. _____ (For foreigners only) valid until _____ Green Card _____ Is the damage to the vehicle insured? yes <input type="checkbox"/> no <input type="checkbox"/> In which Insurance Comp.? _____
9. Driver Name _____ Surname _____ Address _____ Driving license No. _____ Groups _____ Issued by _____ Valid from _____ to _____ (for bus, taxi etc.)	3 stopping	9. Driver Name _____ Surname _____ Address _____ Driving license No. _____ Groups _____ Issued by _____ Valid from _____ to _____ (for bus, taxi etc.)
10. Indicate by an arrow the point of initial impact	4 entering the road	10. Indicate by an arrow the point of initial impact
	5 leaving the road	
	6 entering the roundabout	
	7 circulating in a roundabout	
	8 striking the rear of the other vehicle while going in the same direction and in the same lane	
	9 going in the same direction but in a different lane	
	10 changing lanes	
	11 overtaking	
	12 turning to the right	
	13 turning to the left	
	14 reversing	
	15 encroaching in the opposite traffic lane	
	16 coming from the right	
	17 not observing a right of way sign	
	18	

Vehicle A	13. Plane of the accident	Vehicle B
11. Visible damage _____ _____ _____ 14. Remarks _____ _____ 15. Accident caused by Vehicle driver A yes <input type="checkbox"/> no <input type="checkbox"/> Vehicle driver B yes <input type="checkbox"/> no <input type="checkbox"/> Common fault yes <input type="checkbox"/> no <input type="checkbox"/> Other (name, address) _____	16. Signatures of the participants participant A Sign participant B sign 17. Visible damage _____ _____ _____ 18. Remarks _____ _____ 19. Accident caused by Vehicle driver A yes <input type="checkbox"/> no <input type="checkbox"/> Vehicle driver B yes <input type="checkbox"/> no <input type="checkbox"/> Common fault yes <input type="checkbox"/> no <input type="checkbox"/> Other (name, address) _____	11. Visible damage _____ _____ _____ 14. Remarks _____ _____ 15. Accident caused by Vehicle driver A yes <input type="checkbox"/> no <input type="checkbox"/> Vehicle driver B yes <input type="checkbox"/> no <input type="checkbox"/> Common fault yes <input type="checkbox"/> no <input type="checkbox"/> Other (name, address) _____

Do not make any changes after signig the paper.