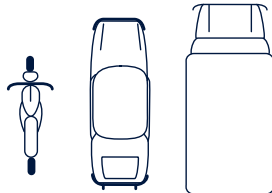
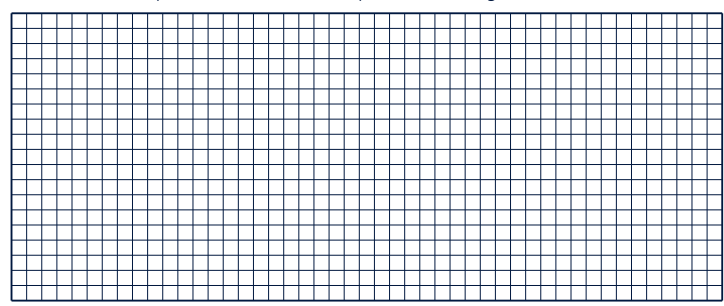
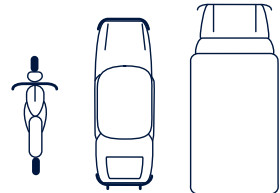


Constitutes a summary of identities and facts which will accelerate claim settlement.

Must be signed by both drivers

1. Date of accident Time	2. Location (street, house no. and/or kilometre sign post)	3. Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Property damage <input type="checkbox"/> YES <input type="checkbox"/> NO other than to vehicles A and B	5a. Witnesses (Names, addresses and tel.nos. - to be underlined if in relation to passengers in vehicle A or B)	5b. Police investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO By:

VEHICLE A	12. Please tick the relevant number	VEHICLE B
A		B
6. Insured policyholder Name Address Personal identification number/ identification number Telephone (from 8 a.m. to 4 p.m.) VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO	1 car was parked 2 car was moving off 3 car was stopping 4 was leaving a parking space, driveway or lane 5 was turning into a parking, driveway or lane 6 was turning into a roundabout 7 was circling a roundabout 8 struck the rear when driving in the same direction in the same lane 9 was driving in the same direction but in a different lane 10 was changing lanes 11 was overtaking 12 was making a right-hand turn 13 was making a left-hand turn 14 was reversing 15 was entering the opposite traffic lane 16 was approaching from the right side 17 failed to observe a give-way sign	6. Insured policyholder Name Address Personal identification number/ identification number Telephone (from 8 a.m. to 4 p.m.) VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Vehicle make, type vintage Registration No. (or engine No.)		7. Vehicle make, type vintage Registration No. (or engine No.)
8. Insurer Address Ins. Cert. No. Green card No. Ins. Cert. or Green Card valid until Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO Insurer, policy no.	Total numbers ticked	8. Insurer Address Ins. Cert. No. Green card No. Ins. Cert. or Green Card valid until Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO Insurer, policy no.
9. Driver Surname First Name Address Driving licence No. Group Issued by		9. Driver Surname First Name Address Driving licence No. Group Issued by

10. Indicate the point of impact with an arrow 	13. Sketch Indicate: 1. the layout of the road, 2. the direction of vehicles A and B, 3. their position at the time of impact, 4. traffic signs, 5. street names 	10. Indicate the point of impact with an arrow 
11. Visible damage	15. Signatures of the drivers	11. Visible damage

14. Remarks	14. Remarks
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Do not change anything in the statement after signature and separation of copies

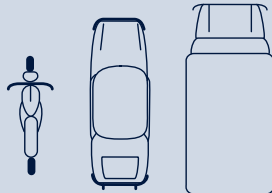
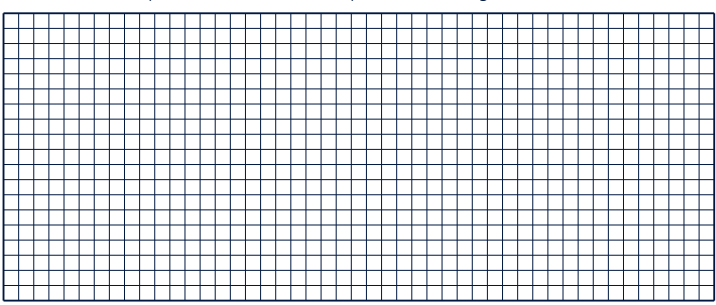
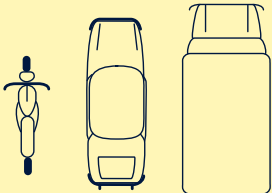

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Constitutes a summary of identities and facts which will accelerate claim settlement.

Must be signed by both drivers

1. Date of accident Time	2. Location (street, house no. and/or kilometre sign post)	3. Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Property damage <input type="checkbox"/> YES <input type="checkbox"/> NO other than to vehicles A and B	5a. Witnesses (Names, addresses and tel.nos. - to be underlined if in relation to passengers in vehicle A or B)	5b. Police investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO By:

VEHICLE A	A	12. Please tick the relevant number	B	VEHICLE B
6. Insured policyholder Name	<input type="checkbox"/>	1 car was parked	<input type="checkbox"/>	6. Insured policyholder Name
Address	<input type="checkbox"/>	2 car was moving off	<input type="checkbox"/>	Address
Personal identification number/ identification number	<input type="checkbox"/>	3 car was stopping	<input type="checkbox"/>	Personal identification number/ identification number
Telephone (from 8 a.m. to 4 p.m.)	<input type="checkbox"/>	4 was leaving a parking space, driveway or lane	<input type="checkbox"/>	Telephone (from 8 a.m. to 4 p.m.)
VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	5 was turning into a parking, driveway or lane	<input type="checkbox"/>	VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Vehicle	<input type="checkbox"/>	6 was turning into a roundabout	<input type="checkbox"/>	7. Vehicle
make, type	<input type="checkbox"/>	7 was circling a roundabout	<input type="checkbox"/>	make, type
vintage	<input type="checkbox"/>	8 struck the rear when driving in the same direction in the same lane	<input type="checkbox"/>	vintage
Registration No. (or engine No.)	<input type="checkbox"/>	9 was driving in the same direction but in a different lane	<input type="checkbox"/>	Registration No. (or engine No.)
8. Insurer	<input type="checkbox"/>	10 was changing lanes	<input type="checkbox"/>	8. Insurer
Address	<input type="checkbox"/>	11 was overtaking	<input type="checkbox"/>	Address
Ins. Cert. No.	<input type="checkbox"/>	12 was making a right-hand turn	<input type="checkbox"/>	Ins. Cert. No.
Green card No.	<input type="checkbox"/>	13 was making a left-hand turn	<input type="checkbox"/>	Green card No.
Ins. Cert. or Green Card valid until	<input type="checkbox"/>	14 was reversing	<input type="checkbox"/>	Ins. Cert. or Green Card valid until
Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	15 was entering the opposite traffic lane	<input type="checkbox"/>	Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Insurer, policy no.	<input type="checkbox"/>	16 was approaching from the right side	<input type="checkbox"/>	Insurer, policy no.
9. Driver	<input type="checkbox"/>	17 failed to observe a give-way sign	<input type="checkbox"/>	9. Driver
Surname	<input type="checkbox"/>	Total numbers ticked ← →	<input type="checkbox"/>	Surname
First Name	<input type="checkbox"/>		<input type="checkbox"/>	First Name
Address	<input type="checkbox"/>		<input type="checkbox"/>	Address
Driving licence No.	<input type="checkbox"/>		<input type="checkbox"/>	Driving licence No.
Group	<input type="checkbox"/>		<input type="checkbox"/>	Group
Issued by	<input type="checkbox"/>		<input type="checkbox"/>	Issued by

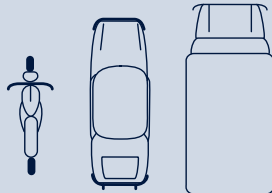
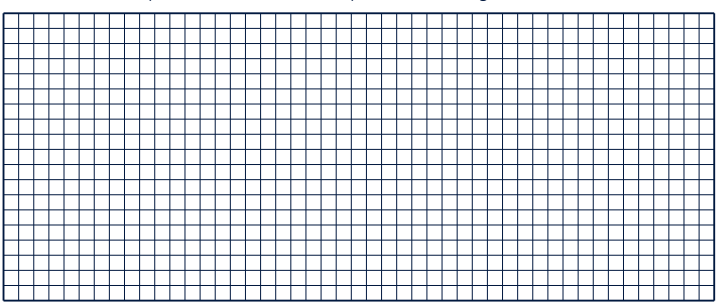
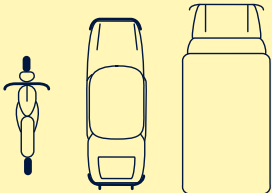
10. Indicate the point of impact with an arrow	A	13. Sketch Indicate: 1. the layout of the road, 2. the direction of vehicles A and B, 3. their position at the time of impact, 4. traffic signs, 5. street names	B	10. Indicate the point of impact with an arrow
	A		B	
11. Visible damage	A	15. Signatures of the drivers	B	11. Visible damage
14. Remarks	A	_____	B	14. Remarks
A		Do not change anything in the statement after signature and separation of copies		B

Constitutes a summary of identities and facts which will accelerate claim settlement.

Must be signed by both drivers

1. Date of accident Time	2. Location (street, house no. and/or kilometre sign post)	3. Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Property damage other than to vehicles A and B <input type="checkbox"/> YES <input type="checkbox"/> NO	5a. Witnesses (Names, addresses and tel.nos. - to be underlined if in relation to passengers in vehicle A or B)	5b. Police investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO By:

VEHICLE A	A	12. Please tick the relevant number	B	VEHICLE B
6. Insured policyholder Name	<input type="checkbox"/>	1 car was parked	<input type="checkbox"/>	6. Insured policyholder Name
Address	<input type="checkbox"/>	2 car was moving off	<input type="checkbox"/>	Address
Personal identification number/ identification number	<input type="checkbox"/>	3 car was stopping	<input type="checkbox"/>	Personal identification number/ identification number
Telephone (from 8 a.m. to 4 p.m.)	<input type="checkbox"/>	4 was leaving a parking space, driveway or lane	<input type="checkbox"/>	Telephone (from 8 a.m. to 4 p.m.)
VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	5 was turning into a parking, driveway or lane	<input type="checkbox"/>	VAT payer <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Vehicle	<input type="checkbox"/>	6 was turning into a roundabout	<input type="checkbox"/>	7. Vehicle
make, type	<input type="checkbox"/>	7 was circling a roundabout	<input type="checkbox"/>	make, type
vintage	<input type="checkbox"/>	8 struck the rear when driving in the same direction in the same lane	<input type="checkbox"/>	vintage
Registration No. (or engine No.)	<input type="checkbox"/>	9 was driving in the same direction but in a different lane	<input type="checkbox"/>	Registration No. (or engine No.)
8. Insurer	<input type="checkbox"/>	10 was changing lanes	<input type="checkbox"/>	8. Insurer
Address	<input type="checkbox"/>	11 was overtaking	<input type="checkbox"/>	Address
Ins. Cert. No.	<input type="checkbox"/>	12 was making a right-hand turn	<input type="checkbox"/>	Ins. Cert. No.
Green card No.	<input type="checkbox"/>	13 was making a left-hand turn	<input type="checkbox"/>	Green card No.
Ins. Cert. or Green Card valid until	<input type="checkbox"/>	14 was reversing	<input type="checkbox"/>	Ins. Cert. or Green Card valid until
Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	15 was entering the opposite traffic lane	<input type="checkbox"/>	Is the vehicle insured for damage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Insurer, policy no.	<input type="checkbox"/>	16 was approaching from the right side	<input type="checkbox"/>	Insurer, policy no.
9. Driver	<input type="checkbox"/>	17 failed to observe a give-way sign	<input type="checkbox"/>	9. Driver
Surname	<input type="checkbox"/>	Total numbers ticked ← →	<input type="checkbox"/>	Surname
First Name	<input type="checkbox"/>		<input type="checkbox"/>	First Name
Address	<input type="checkbox"/>		<input type="checkbox"/>	Address
Driving licence No.	<input type="checkbox"/>		<input type="checkbox"/>	Driving licence No.
Group	<input type="checkbox"/>		<input type="checkbox"/>	Group
Issued by	<input type="checkbox"/>		<input type="checkbox"/>	Issued by

10. Indicate the point of impact with an arrow	A	13. Sketch Indicate: 1. the layout of the road, 2. the direction of vehicles A and B, 3. their position at the time of impact, 4. traffic signs, 5. street names	B	10. Indicate the point of impact with an arrow
	A		B	
11. Visible damage	A	15. Signatures of the drivers	B	11. Visible damage
14. Remarks	A	_____	B	14. Remarks
A		Do not change anything in the statement after signature and separation of copies		B



Záznam o dopravní nehodě

Slouží k dokumentaci průběhu nehody za účelem rychlejšího vyřízení náhrady škody

Vyplní řidiči obou vozidel

1. Datum nehody Hodina	2. Místo (ulice, č. domu, resp. kilometrovník)	3. Zranění? <input type="checkbox"/> ANO <input type="checkbox"/> NE
4. Jiná škoda než na vozidlech A a B <input type="checkbox"/> ANO <input type="checkbox"/> NE	5a. Svědci (jméno, adresa, telefon – spolujezdce podtrhnout)	5b. Policejně šetřeno? <input type="checkbox"/> ANO <input type="checkbox"/> NE Kým:

Vozidlo A	12. Zaškrtněte odpovídající body vozidlo:	Vozidlo B
6. Pojištěný Jméno Adresa	<input type="checkbox"/> 1 bylo zaparkováno	6. Pojištěný Jméno Adresa
Rodné číslo/IC Telefon (od 8 do 16 hod.) Plátce DPH? <input type="checkbox"/> ANO <input type="checkbox"/> NE	<input type="checkbox"/> 2 rozjízďelo se	Rodné číslo/IC Telefon (od 8 do 16 hod.) Plátce DPH? <input type="checkbox"/> ANO <input type="checkbox"/> NE
7. Vozidlo Značka – typ Rok výroby RZ/SPZ	<input type="checkbox"/> 3 zastavovalo	7. Vozidlo Značka – typ Rok výroby RZ/SPZ
8. Pojistitel Adresa pobočky	<input type="checkbox"/> 4 vyjízďelo z parkoviště, soukrom. pozemku, polní cesty	8. Pojistitel Adresa pobočky
Číslo poj. odpovědnosti Číslo zelené karty Hraniční pojištění platné do	<input type="checkbox"/> 5 odbočovalo na parkoviště, soukromý pozemek, polní cesty	Číslo poj. odpovědnosti Číslo zelené karty Hraniční pojištění platné do
Je vozidlo pojištěno havarijně? <input type="checkbox"/> ANO <input type="checkbox"/> NE	<input type="checkbox"/> 6 vyjízďelo do kruhového objezdu	Je vozidlo pojištěno havarijně? <input type="checkbox"/> ANO <input type="checkbox"/> NE
Pojistitel, č. pojistky	<input type="checkbox"/> 7 jelo v kruhovém objezdu	Pojistitel, č. pojistky
9. Řidič Příjmení Jméno Adresa	<input type="checkbox"/> 8 najelo zezadu při jízdě stejným směrem ve stejném pruhu	9. Řidič Příjmení Jméno Adresa
Číslo řidičského průkazu Skupina Vydal	<input type="checkbox"/> 9 jelo souběžně v jiném jízdním pruhu	Číslo řidičského průkazu Skupina Vydal
	<input type="checkbox"/> 10 měnilo jízdní pruh	
	<input type="checkbox"/> 11 předjíždělo	
	<input type="checkbox"/> 12 odbočovalo vpravo	
	<input type="checkbox"/> 13 odbočovalo vlevo	
	<input type="checkbox"/> 14 couvalo	
	<input type="checkbox"/> 15 jelo v protisměru	
	<input type="checkbox"/> 16 přijíždělo zprava	
	<input type="checkbox"/> 17 nedalo přednost v jízdě	
	← Počet označených políček →	

10. Označte šipkou body vzájemného střetu	13. Náskres Označte 1. silnice, 2. směr jízdy vozidel A a B, 3. postavení vozidel v okamžiku střetu, 4. dopravní značka, 5. jména ulic	10. Označte šipkou body vzájemného střetu
11. Viditelné poškození		11. Viditelné poškození

14. Poznámky	15. Podpisy řidičů	14. Poznámky
A	B	B

Po podpisu a oddělení listů nelze již údaje měnit.