

1. Datum des Unfalls Zeit

2. PLZ / Ort

3. Verletzte, einschließlich Leichtverletzte

4. Sachschäden an anderen Fahrzeugen als A und B: ja/nein

5. Zeugen: Namen, Anschriften, Telefon

War die Polizei vor Ort? Aktenz. der Polizei?

FAHRZEUG A

6. Versicherungsnehmer/Versicherter (siehe Versicherungsbescheinigung)

7. Fahrzeug Kraftfahrzeug Anhänger

8. Versicherungsunternehmen (siehe Versicherungsbescheinigung)

9. Fahrer (siehe Führerschein)

10. Markieren Sie die ursprüngl. Aufprallstelle am Fahrzeug A durch einen Pfeil

11. Sichtbare Schäden am Fahrz. A

14. Eigene Bemerkungen

12. UNFALLUMSTÄNDE

Kreuzen Sie jeweils das entsprechende Feld an, um die Skizze zu präzisieren

Unbedingt von BEIDEN Fahrern zu unterzeichnen

13. Skizze des Unfalls zum Zeitpunkt des Aufpralls

FAHRZEUG B

6. Versicherungsnehmer/Versicherter (siehe Versicherungsbescheinigung)

7. Fahrzeug Kraftfahrzeug Anhänger

8. Versicherungsunternehmen (siehe Versicherungsbescheinigung)

9. Fahrer (siehe Führerschein)

10. Markieren Sie die ursprüngl. Aufprallstelle am Fahrzeug B durch einen Pfeil

11. Sichtbare Schäden am Fahrz. B

14. Eigene Bemerkungen

15. Unterschriften der Fahrer

Signature lines for driver A and B

Unter Einfluss von Alkohol? nein ja

Unter Einfluss von Alkohol? nein ja

1. Date of accident Time	2. Postal code / place	3. Injuries, even if slight no <input type="checkbox"/> yes <input type="checkbox"/>
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4. Material damage to vehicles other than A and B: no <input type="checkbox"/> yes <input type="checkbox"/> to objects other than vehicles: no <input type="checkbox"/> yes <input type="checkbox"/>	5. Witnesses: names, addresses, phone	Was the police on place? no <input type="checkbox"/> yes <input type="checkbox"/> Police file number?
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VEHICLE A

6. Insured/policyholder (see insurance certificate)

Surname
 First name
 Address
 Postal Code Country
 Phone or E-Mail

7. Vehicle

Motor	Trailer
Make, type	
Registration No.	Registration No.
Country of registration	Country of registration

8. Insurance company (see insurance certificate)

Surname **HDI Global SE**
 Policy No. **V-074-194-801-2**
 Green card No.
 Insurance Certificate or Green Card valid from to
 Name **Phone: +49 (0)40 36150-176**
 Address **E-Mail: kfz-schadenservice@hdi.de**
 Country **Germany**
 Phone or E-Mail
 Does the policy cover material damage to the vehicle?
 no yes

9. Driver (see driving licence)

Surname
 First name
 Date of birth
 Address
 Country
 Phone or E-Mail
 Driving licence No.
 Category (A, B, ...)
 Driving licence valid until

10. Indicate the point of initial impact to vehicle A by an arrow →

11. Visible damage to vehicle A

.....

14. My remarks

.....
 Influence of alcohol? no yes

12. CIRCUMSTANCES

A	Put a cross in each of the relevant boxes to help explain the drawing	B
<input type="checkbox"/> 1	Delete where appropriate * * parked/stopped	<input type="checkbox"/> 1
<input type="checkbox"/> 2	* leaving a parking place/ opening the door	<input type="checkbox"/> 2
<input type="checkbox"/> 3	entering a parking place	<input type="checkbox"/> 3
<input type="checkbox"/> 4	emerging from a car park, from private ground, from a track	<input type="checkbox"/> 4
<input type="checkbox"/> 5	entering a car park, private ground, a track	<input type="checkbox"/> 5
<input type="checkbox"/> 6	entering a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7	circulating a roundabout	<input type="checkbox"/> 7
<input type="checkbox"/> 8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/> 8
<input type="checkbox"/> 9	going in the same direction but in a different lane	<input type="checkbox"/> 9
<input type="checkbox"/> 10	changing lanes	<input type="checkbox"/> 10
<input type="checkbox"/> 11	overtaking	<input type="checkbox"/> 11
<input type="checkbox"/> 12	turning to the right	<input type="checkbox"/> 12
<input type="checkbox"/> 13	turning to the left	<input type="checkbox"/> 13
<input type="checkbox"/> 14	reversing	<input type="checkbox"/> 14
<input type="checkbox"/> 15	encroaching on a lane reserved for circulation in the opposite direction	<input type="checkbox"/> 15
<input type="checkbox"/> 16	coming from the right (at road junctions)	<input type="checkbox"/> 16
<input type="checkbox"/> 17	had not observed a right of way sign or a red light	<input type="checkbox"/> 17

← **state number of boxes marked with a cross** →

Must be sign by BOTH drivers
 Does not constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

13. Sketch of accident when impact occurred

Indicate: 1. the layout of the road
 2. by arrows the direction of the vehicles A, B
 3. their positions at the time of impact
 4. road signs - 5. names of the streets or roads

VEHICLE B

6. Insured/policyholder (see insurance certificate)

Surname
 First name
 Address
 Postal Code Country
 Phone or E-Mail

7. Vehicle

Motor	Trailer
Make, type	
Registration No.	Registration No.
Country of registration	Country of registration

8. Insurance company (see insurance certificate)

Surname
 Policy No.
 Green card No.
 Insurance Certificate or Green Card valid from to
 Name
 Address
 Country
 Phone or E-Mail
 Does the policy cover material damage to the vehicle?
 no yes

9. Driver (see driving licence)

Surname
 First name
 Date of birth
 Address
 Country
 Phone or E-Mail
 Driving licence No.
 Category (A, B, ...)
 Driving licence valid until

10. Indicate the point of initial impact to vehicle B by an arrow →

11. Visible damage to vehicle B

.....

14. My remarks

.....
 Influence of alcohol? no yes

15. Signatures of the drivers

A **B**