

# Accident Report

motor liability

hull (Kasko)

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

**vehicle „A“ (own vehicle )**

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

**vehicle „B“ (opposite vehicle)**

<b>Insurance holder, opposite vehicle</b>	
name:	number plate:
street:	type:
city:	date of initial registration:
phone-no.:	chassis-no.:
<b>Driver opposite vehicle</b>	
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.:

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Drawing of the accident:

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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