

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident

2026-05-14

Time

17:20

2. Place

Bulevar Partyzansky odredy 177, Skopje, MK

VEHICLE A

6. Policyholder/Insured

(see insurance certificate)

Surname

Stojanovsky

First name

Horan

Address

Bulevar Partyzansky odredy 177, Skopje

Postcode

1000

Country

MK

Phone/ email

+389 70 123 456

7.1 Motor vehicle

Make, type

Opel Corsa

Registration number

SK 4471 AB

Country of registration

MK

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

Makedonija Osiguruvanje AD

Policy number

MK-2026-778120

Green Card number

MK/26/778120

Insurance certificate/Green Card valid

from

2026-01-01

to

2026-12-31

Agency (office or broker)

Name

Address

Bul. 8-mi Septemvri 16, 1000 Skopje

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☐ no

☒ yes

9. Driver

(see driving licence)

Surname

Stojanovsky

First name

Horan

Date of birth

1981-07-28

Address

Bulevar Partyzansky odredy 177, Skopje

Postcode

1000

Country

MK

Phone/ email

+389 70 123 456, goran.stojanovski@example.com

Driving licence no.

MK 4471820

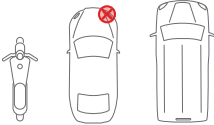
Category (A,B,...)

B

Licence valid until

2031-07-28

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

Vozev po Bulevar Partyzansky odredy pravo nyz

raskrsnytsata, vo desnata lenta, so brzyna od okolu 40 (...)

3. Injuries

Injured/slightly injured?

☒ no

☐ yes

4. Material damage

to vehicles other than A and B

☒ no

☐ yes

to objects other than vehicles

☒ no

☐ yes

12. Circumstances

Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

A

01

☐

was parked / was stationary

02

☐

was leaving a parking place / was opening a car door

03

☐

was pulling into a parking place

04

☐

was leaving a car park, private property or a track

05

☐

was entering a car park, private property or a track

06

☐

was entering a roundabout

07

☐

was driving on a roundabout

08

☐

struck the rear of the other vehicle while going in the same direction and in the same lane

09

☐

was going in the same direction, but in a different lane

10

☐

was changing lanes

11

☐

was overtaking

12

☐

was turning right

13

☐

was turning left

14

☐

was reversing

15

☐

was crossing into the oncoming lane

16

☐

was coming from the right (at a junction)

17

☐

had ignored a priority sign or a red light

☐

Enter the number of boxes marked with a cross.

B

01

☐

02

☐

03

☐

04

☐

05

☐

06

☐

07

☐

08

☐

09

☐

10

☐

11

☐

12

☐

13

☐

14

☐

15

☐

16

☒

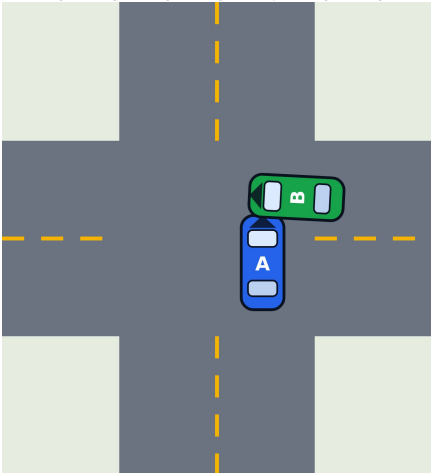
17

☒

2

13. Sketch of the accident at the moment of impact

Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers

A



B



5. Witnesses

(underline passengers)

Names, addresses, phone numbers

Ana Nykolovska, +389 70 100 111

VEHICLE B

6. Policyholder/Insured

(see insurance certificate)

Surname

Petrovyc

First name

Petar

Address

Bulevar kralja Aleksandra 197, Beohrad

Postcode

11000

Country

RS

Phone/ email

+381 63 123 4567

7.1 Motor vehicle

Make, type

Fiat Tipo

Registration number

BG 447-KL

Country of registration

RS

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

Dunav osiguranje a.d.o.

Policy number

RS-2026-114770

Green Card number

RS/26/114770

Insurance certificate/Green Card valid

from

2026-02-01

to

2027-01-31

Agency (office or broker)

Name

Address

Makedonska 4, 11000 Beograd

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☒ no

☐ yes

9. Driver

(see driving licence)

Surname

Petrovyc

First name

Petar

Date of birth

1979-11-14

Address

Bulevar kralja Aleksandra 197, Beohrad

Postcode

11000

Country

RS

Phone/ email

+381 63 123 4567, petar.petrovic@example.com

Driving licence no.

RS 8842130

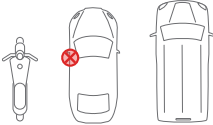
Category (A,B,...)

B

Licence valid until

2029-11-14

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks

Prylazyo sam raskrsnytsy sa ulytsom Bulevar Partyzansky odredy sa desne strane, sporednym putem. Vozylo A (...)

easf.eu

| European Accident Statement

English

Annex - additional details

14. Notes (optional) (A)

Vozev po Bulevar Partyzansky odredy pravo nyz raskrsnytsata, vo desnata lenta, so brzyna od okolu 40 km/h. Vozyloto B dojde od desnata strana y ne my dade prednost. Oshteten prednyot desen branyk, odbojnykot y desnyot far.

14. Notes (optional) (B)

Prylazo sam raskrsnytsy sa ulytsom Bulevar Partyzansky odredy sa desne strane, sporednym putem. Vozylo A prymetyo sam prekasno y nysam mu ustupyo prednost. Oshtecen levy bok u vysyny prednjykh vrata. Pryznajem kryvytsu.