

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

vulytsya Antonovycha 122, Kyiv, UA

VEHICLE A

6. Policyholder/Insured

(see insurance certificate)

Surname

Petrenko

First name

Ivan

Address

vulytsya Velyka Vasylkivska 103, Kyiv

Postcode

03150

Country

UA

Phone/ email

+380 67 123 4567

7.1 Motor vehicle

Make, type

Skoda Octavia

Registration number

AA 4471 KM

Country of registration

UA

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

PrJSC Ukrainian Insurance Group

Policy number

UA-2026-447182

Green Card number

UA/26/447182

Insurance certificate/Green Card valid

from

2026-01-01

to

2026-12-31

Agency (office or broker)

Name

Address

vul. Predslavinska 45, 03150 Kyiv

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☐ no

☒ yes

9. Driver

(see driving licence)

Surname

Petrenko

First name

Ivan

Date of birth

1985-01-23

Address

vulytsya Velyka Vasylkivska 103, Kyiv

Postcode

03150

Country

UA

Phone/ email

+380 67 123 4567, ivan.petrenko@example.com

Driving licence no.

UA 5510842

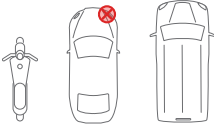
Category (A,B,...)

B

Licence valid until

2031-01-23

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



11. Visible damage to vehicle A

14. Remarks

Ya ikhav vulytseyu Antonovycha pryamo cherez perekhrestya pravoyu smuhoyu zi shvydkistyu blyzko 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

☒

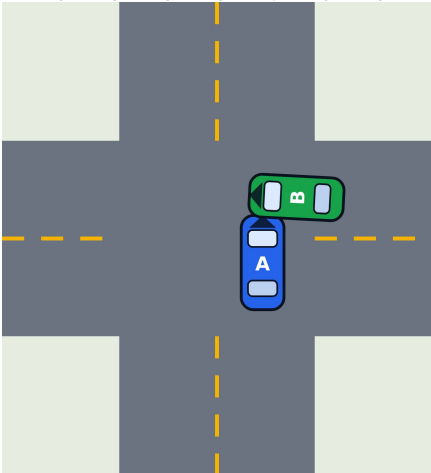
17

☒

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

Mariya Shevchenko, +380 67 100 0111

VEHICLE B

6. Policyholder/Insured

(see insurance certificate)

Surname

Kowalski

First name

Jan

Address

ul. Mikolowska 12/4, Katowice

Postcode

40-066

Country

PL

Phone/ email

+48 600 100 200

7.1 Motor vehicle

Make, type

Skoda Octavia

Registration number

SK 4821G

Country of registration

PL

7.2 Trailer

Registration number

Country of registration

8. Insurance company

(see insurance certificate)

Company name

PZU SA

Policy number

OC/2026/4471820

Green Card number

PL/26/778120

Insurance certificate/Green Card valid

from

2026-02-01

to

2027-01-31

Agency (office or broker)

Name

Address

Rondo Ignacego Daszynskiego 4, 00-843 Warszawa

Postcode

Country

Phone/ email

Is damage to the vehicle insured under the policy?

☒ no

☐ yes

9. Driver

(see driving licence)

Surname

Kowalski

First name

Jan

Date of birth

1985-03-12

Address

ul. Mikolowska 12/4, Katowice

Postcode

40-066

Country

PL

Phone/ email

+48 600 100 200, jan.kowalski@example.com

Driving licence no.

KAT 0123456

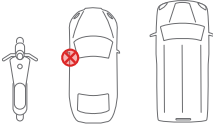
Category (A,B,...)

B

Licence valid until

2031-03-12

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



11. Visible damage to vehicle B

14. Remarks

Podjeżdżalem do skrzyżowania z ulica Antonowycha z prawej strony, droga podporządkowana. Pojazd A (...)

easf.eu

| European Accident Statement

English

Annex - additional details

14. Notes (optional) (A)

Ya ikhav vulytseyu Antonovycha pryamo cherez perekhrestya pravoyu smuhoyu zi shvydkisty blyzko 40 km/hod. Avtomobil B vyikhav pravoruch i ne postupyvsya dorohoyu. Poshkodzheno peredne prave krylo, bamper i pravu faru.

14. Notes (optional) (B)

Podjezdzałem do skrzyżowania z ulica Antonovycha z prawej strony, droga podporządkowana. Pojazd A zauważyłem za późno i nie ustąpiłem mu pierwszeństwa. Uszkodzony lewy bok na wysokości przednich drzwi. Przyznaje się do winy.