



INSURED - INJURER (person who caused damage)

Details about the injurer - owner of the vehicle

Name and surname/title Tax number

Address: Teleph./e-mail

Vehicle details (injurer's vehicle)

Motor liability policy no Policy period

Registration number Make and model

Driving licence expiry date Chassis number

Does the vehicle have Casco insurance? Yes No If yes, please name the insurer

Driver details (the person driving the insured's vehicle at the time of the accident)

Name and surname Tax number

Address: Telephone

Driving licence number, category, valid until e-mail

ACCIDENT DETAILS

Object of the damage

vehicle building fence things persons other

Date and time of the accident

Place and street where the accident occurred

Have the police been notified about the accident? Yes No Poli

Have the police investigated the scene? Yes No European accident statement been filled in? Yes No

Has a breathalyzer test been done? Yes No Breathalyzer result:

Witnesses - List their names, surnames and addresses

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Detailed description of the (car) accident

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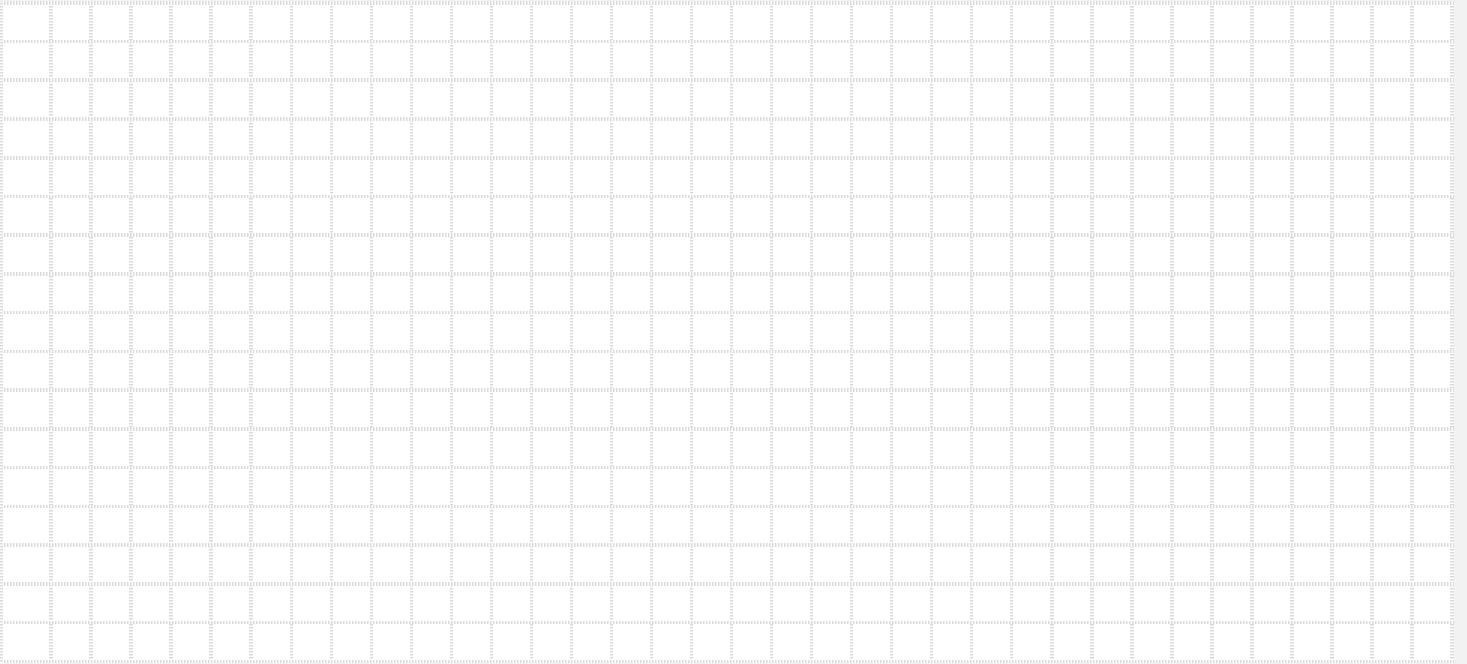
Who in your opinion is responsible for the accident and why?

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Drawing of the (car) accident (Sketch the road, the crossroads or the turning where the accident occurred. Draw the position of the vehicles at the time of the accident, directions of their movement prior to the accident and traffic signs at the scene of the accident)



List the most significant damage (material damage)

If persons were injured, list their names and surnames, addresses, telephone numbers, e-mails and type of injury:

I confirm the accuracy of the data I provided on this form under substantive and criminal liability.

I am aware that without the instruction or approval of HOK-osiguranje d.d. I must not take any position on claims for damages, and in particular I must not speculate with injured parties or make payments to injured parties. In the event of any court proceedings in connection with the reported adverse event, I will report to HOK-osiguranje d.d.

By signing this form, I confirm that I have received, read and understood the HOK-OSIGURANJE d.d. Data Processing Information. I hereby declare that I am informed that HOK-OSIGURANJE d.d. processes the data provided on this form exclusively for the purpose of implementing the appropriate procedure to process the reported damage. I hereby declare that I will protect the data provided on this form from possible misuse and unauthorized use of third parties and that I will not transmit them to unauthorized persons.

Place and date

Applicant's signature