FORM

European Accident Statement

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

3. Injuries

Injured/slightly injured? [X] no [ ] yes

4. Material damage

to vehicles other than A and B [X] no [ ] yes

to objects other than vehicles [X] no [ ] yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers Ana Nykolovska, +389 70 100 111

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 [X] 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

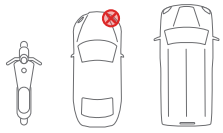
Phone/ email +389 70 123 456, goran.stojanovski@example.com

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 (...)

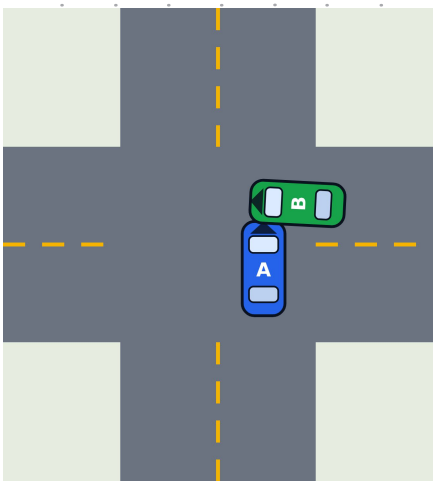
12. Circumstances

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

	A		B
01	[ ]	was parked / was stationary	[ ] 01
02	[ ]	was leaving a parking place / was opening a car door	[ ] 02
03	[ ]	was pulling into a parking place	[ ] 03
04	[ ]	was leaving a car park, private property or a track	[ ] 04
05	[ ]	was entering a car park, private property or a track	[ ] 05
06	[ ]	was entering a roundabout	[ ] 06
07	[ ]	was driving on a roundabout	[ ] 07
08	[ ]	struck the rear of the other vehicle while going in the same direction and in the same lane	[ ] 08
09	[ ]	was going in the same direction, but in a different lane	[ ] 09
10	[ ]	was changing lanes	[ ] 10
11	[ ]	was overtaking	[ ] 11
12	[ ]	was turning right	[ ] 12
13	[ ]	was turning left	[ ] 13
14	[ ]	was reversing	[ ] 14
15	[ ]	was crossing into the oncoming lane	[ ] 15
16	[ ]	was coming from the right (at a junction)	[X] 16
17	[ ]	had ignored a priority sign or a red light	[X] 17
	[ ]	Enter the number of boxes marked with a cross.	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

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?

[X] 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

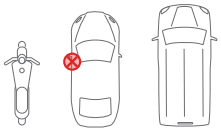
Phone/ email +381 63 123 4567, petar.petrovic@example.com

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 (...)

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)

Prylazyo 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.