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 vulytsya Antonovycha 122, Kyiv, UA

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 Mariya Shevchenko, +380 67 100 0111

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 [X] 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

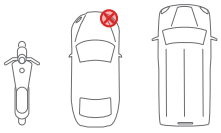
Phone/ email +380 67 123 4567, ivan.petrenko@example.com

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 (...)

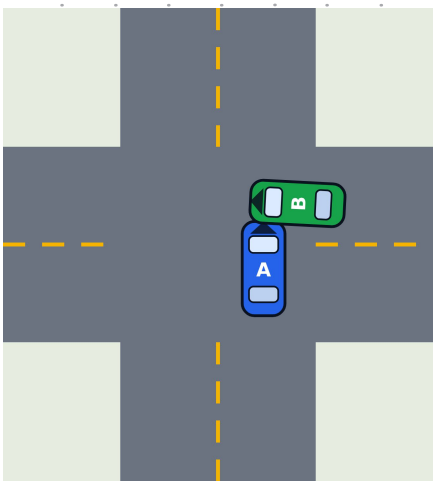
12. Circumstances

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)	16 [X]
17 [ ]	had ignored a priority sign or a red light	17 [X]
[ ]	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 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?

[X] 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

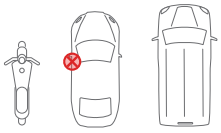
Phone/ email +48 600 100 200, jan.kowalski@example.com

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

Podjezdzalem do skrzyzowania z ulica Antonovycha z prawej strony, droga podporzadkowana. Pojazd A (...)

Annex - additional details

14. Notes (optional) (A)

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

14. Notes (optional) (B)

Podjezdzalem do skrzyzowania z ulica Antonovycha z prawej strony, droga podporzadkowana. Pojazd A zauwazylem za pozno i nie ustapilem mu pierwszenstwa. Uszkodzony lewy bok na wysokosci przednich drzwi. Przyznaje sie do winy.