**ЛИСТ-1**

**Повідомлення про подію з транспортним засобом (ТЗ)**

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| --- | --- |
| Реєстраційний №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_р. | **Голові Правління**  **ПрАТ «Європейський страховий альянс»**  **Воронянській М.В.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Страхувальник (представник) | Назва організації /П.І.Б: |  | | | |
| Телефон: |  | | | |
| Адреса фактичного місцезнаходження: |  | | | |
| E-mail: |  | | | |
|  | | | | | |
| Транспортний засіб | марка, модель |  | | | |
| державний номер |  | | | |
|  | | | | | |
| Інформація про іншого учасника ДТП | Назва організації /П.І.Б: |  | | | |
| Телефон: |  | | | |
| Адреса фактичного проживання: |  | | | |
| E-mail: |  | | | |
| Транспортний  засіб учасника ДТП | марка, модель |  | | |
| державний номер |  | | |
| Поліс ОСЦПВВНТЗ учасника: | № полісу |  | | |
| Дата полісу | **\_. \_. 20 \_** | | |
| Страхова компанія: |  | | |
|  | | | | | |
| Договір страхування (поліс): | серія |  | Дата укладання | **\_. \_. 20 \_** | |
| № |  | Страхова сума, грн |  | |
|  | | | | | |
| Дата настання події: | Число місяць рік: | **\_. \_. 20 \_** | | | |
| В період часу: | з \_ годин \_ хвилин по \_ годин \_ хвилин | | | |
|  | | | | | |
| Місце настання події: | місто: |  | | | |
| вулиця (перехрестя вулиць): |  | | | |
| назва автодороги | **---** | кілометр автодороги | | **---** |
|  | | | | | |
| Компетентний орган, в який було заявлено про подію: | Виклик Національної поліції України | ТАК  / НІ | | | |
| Виклик інших компетентних органів | ТАК  / НІ | | | |
| Які саме | **----** | | | |

*Я, що підписався нижче, заявляю про те, що подана в даному повідомленні інформація (незалежно від того, заповнено його мною особисто або моєю довіреною особою) є повною і правдивою. Я попереджений про те, що у разі надання неповної, недостовірної інформації, ПрАТ “Європейський страховий альянс” має право відмовити у виплаті страхового відшкодування. Я надаю згоду направляти мені СМС – повідомлення з приводу розгляду даного повідомлення на вказаний у ньому телефон та згоду на обробку персональних даних.*

|  |  |  |  |
| --- | --- | --- | --- |
| Страхувальник (представник) | **П.І.Б.** | **Підпис, м.п.** | **Дата заповнення** |
|  |  | **\_. \_. 20 \_** |

**Заява про виплату страхового відшкодування**

**Належну мені суму страхового відшкодування в разі визнання випадку страховим прошу виплатити наступним чином:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Перерахуванням на банківській рахунок за реквізитами | За розрахунком АУДАТЕКС | ТАК  / НІ |
| Згідно документів СТО: акт виконаних робіт та документ, що підтверджує оплату по акту виконаних робіт | ТАК  / НІ |
| 2 | на СТО за реквізитами | | ТАК  / НІ |

*В разі зміни свого рішення стосовно варіанту виплати страхового відшкодування, зобов’язуюсь письмово повідомити про це ПрАТ "Європейський страховий альянс".*

*Я проінформований, що відповідно до п. 12.5 Правил добровільного страхування наземного транспорту № 0609/1 від 30.11.07р., сума збитку, завданого ТЗ, вказаному в п.2 цього Повідомлення визначається виходячи із цін, що діють на день настання страхового випадку або на день огляду ТЗ аварійним комісаром.*

*Своїм підписом надаю згоду та доручаю ПрАТ "Європейський страховий альянс" від мого імені замовити (призначити) та провести огляд вказаного в п. 2 цього Повідомлення ТЗ, та, у разі необхідності, замовити автотоварознавче дослідження з визначення вартості матеріального збитку, а також, у випадках визначених чинним законодавством, вартості придатних для подальшої реалізації залишків ТЗ, зокрема, у разі доцільності, з використанням платформи "Autoonline Україна".*

|  |  |  |  |
| --- | --- | --- | --- |
| Страхувальник (довірена особа) | **П.І.Б.** | **Підпис, м.п.** | **Дата заповнення** |
|  |  | **\_. \_. 20 \_** |

**ЛИСТ -2**

**Пояснення щодо виникнення дорожньо-транспортної пригоди**

**\_. \_. 20 \_** в \_ годин \_ хвилин

|  |  |
| --- | --- |
| Власник |  |
| Водій |  |
| Потерпіла особа | **---** |
| ДТП була скоєна на (а/дорозі, перехресті доріг, вулиці, перехресті вулиць, парковці, іншому місці) |  |
| Перед даною пригодою автомобіль (рухався прямо по смузі руху, повертав ліворуч, праворуч, розвертався, змінював смугу руху, стояв) |  |
| Швидкість автомобіля перед ДТП становила, км/год |  |
| На кого з учасників руху співробітники НПУ складали протокол про адміністративне порушення (ПІБ) |  |
| Якщо протокол складено на Вас, чи погодились Ви з його висновками | ТАК  / НІ |
| Вважаєте себе винним у скоєнні ДТП | ТАК  / НІ |
| Пояснення по ДТП (заповнити відповідно до пояснень, поданих до відповідних органів МВС:  **\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

|  |  |  |
| --- | --- | --- |
| Пояснення надав  (ПІБ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Підпис) | **\_. \_. 20 \_**  (Дата) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Умовні позначення:** | | **ЛИСТ-3**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2  1 | Місце знаходження автомобіля після ДТП:  1 – ТЗ Страхувальника  2 – ТЗ іншого учасника ДТП |  |
|  | Напрямок руху автомобіля до події |  |
|  | Однополосна дорога з напрямком руху |  |
|  | Двополосна дорога з напрямком руху |  |
|  | Перехрестя з напрямком руху |  |
|  | Пішохід |  |
| 5 м | Відстань від об'єкту  прив'язки до інших об'єктів |  |
| \* При зображені схеми ДТП потрібна прив'язка ТЗ до певного об'єкта:  - відносно стійкого орієнтира (різні споруди (будинки, магазини і т.д.);  - елементи проїзної частини (дорожні знаки, розмітка, електроопори, межі перехресть);  - позначити місце зіткнення або наїзду ( ). | | 1-й учасник ДТП: автомобіль \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  марка, держ.№  2-й учасник ДТП: автомобіль \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  марка, держ.№  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Підпис, дата |

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| Пошкодження, отримані моїм автомобілем (відмітити необхідне) | Пошкодження, отримані автомобілем другого учасника (відмітити необхідне) |
| Машинка | Машинка |
| Пошкодження кузова, що не відносяться до даного ДТП (перелічити, вказати характер)  **\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Пошкодження кузова, що не відносяться до даного ДТП (перелічити, вказати характер)  **\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ЛИСТ-4**

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Підпис, дата