



....., on/...../.....
 (place) (date DD/MM/YYYY)

Javelo Operator
BikeU Sp. z o. o
Rondo ONZ 1,
00-124 Warsaw

DECLARATION OF THE CAUSE OF A ROAD COLLISION

(this form should be completed and returned only if the Javelo Customer is involved in a collision, accident or other road incident)

I, the undersigned (name and name of the offender)

residing in

..... (address of the perpetrator of the

collision - street no. of the building/apartment, postal code, town/city), phone number,

holding a driving license for the category series and no. holder of an identity

card/passport*, series and no. issued by

hereby declare that on/...../..... (DD/MM/YYYY) time in

street: driving a vehicle

..... (make, type, model) with registration number,

which is owned by

.....

..... (name and surname or company name, address - street no. of the building/apartment , zip code, city)

insured in the scope of compulsory third party liability insurance (OC) according to policy no.

..... with the period of insurance

issued by

..... (name and address of the insurance company)

I caused a road collision, in which there was damaged the bicycle number,

belonging to the Ordering Party of the Javelo System , the Municipality of the City of Jaworzno with its

registered office at: Jaworzno 43-600, ul. Grunwaldzka 33.

The bike was rented by the User

.....

..... (name and surname of the cyclist, address - street number of the building / apartment, postal code, city).

DESCRIPTION OF THE CIRCUMSTANCES AND EFFECTS OF THE EVENT

1. Circumstances of the collision:

.....
.....
.....
.....
.....

2. Description of damage to the victim's vehicle:

.....
.....
.....
.....
.....

3. Description of damage to the vehicle of the perpetrator of the collision:

.....
.....
.....
.....
.....

4. Other damages:

.....
.....
.....
.....

Witnesses:

1 <i>(name and surname, address - street, building/apartment no, postal code, city, telephone number)</i> <i>(witness signature)</i>
2 <i>(name and surname, address - street, building/apartment no, postal code, city, telephone number)</i> <i>(witness signature)</i>

*delete as appropriate