

Ordinance on the documents and order for drawing them up in case of road traffic accidents and the procedure of communication between the Ministry of the Interior, the Financial Supervision Commission and the Information Center at the Guarantee Fund

Prom. SG, iss. 8 from 30 January, 2009; am. SG, iss. 94 of 30 November, 2010

Art. 1. (1) (Prev. text of Art. 1 – SG, iss. 94 in 2010) This Ordinance shall define the documents, the procedure for drawing them up and providing information by the Ministry of the Interior to the Information Center at the Guarantee Fund about traffic accidents.

(2) (New – SG, iss. 94 in 2010) This Ordinance also regulates the contents, way and form of filing the information under Art. 294, para 6 of the Insurance Code.

Art. 2. (1) The following documents shall be drawn when a traffic accident has taken place:

1. Statement of acknowledgment for a traffic accident with persons injured;
2. Statement of acknowledgment for a traffic accident with property damages;
3. Bilateral statement for acknowledgment for a traffic accident.

(2) The traffic police of the Ministry of the Interior officers when visiting the traffic accident scene shall photograph with a digital camera the position of the motor vehicles and the damages caused.

(3) The information under para 2 shall be kept for a period of three months at the AIO within the unit of the Ministry of the Interior, on the territory of which the accident took place and shall be submitted to the Information Center at the Guarantee Fund following the procedure as referred to in art. 7, para 1.

(4) A copy of the documents under para 1, Item 1 and 2 herein shall be issued by the Traffic Police officers to third persons that have suffered damages as a result of the traffic accident, as well as in case the original gets lost. The copy shall be issued by the unit that has drawn up the document upon a request in writing. The copy shall be authenticated with a sign in the upper left corner reading “Copy”, signature and seal.

Art. 3. (1) Where persons have been injured in a traffic accident a statement of acknowledgment for the traffic accident shall be drawn up – Appendix No 1 and a detailed layout of the scene of the accident shall be produced by the Traffic police officers – Ministry of the Interior.

(2) The statement as per para 1 shall be drawn up within one month after the date of the traffic accident.

Art. 4. For a traffic accident with property damages a statement of acknowledgment as per Appendix 2 shall be drawn up.

Art. 5. (1) Where only property damages are caused, which do not hinder the movement of the motor vehicle on its own and there is agreement among the participants in the accident concerning the circumstances, relating to it, they shall fill in their data in a bilateral statement of acknowledgment for the traffic accident – as per Appendix No 3.

(2) The insurers which conclude compulsory Third Party Liability insurance of motorists shall be under the obligation to provide two copies of a form for such a bilateral statement of acknowledgment - as per Appendix No 3 – at the time of concluding the contract, as well as upon request.

(3) The bilateral statement of acknowledgment – as per Appendix No 3 – shall be also valid in cases where the form was not provided by the insurer.

(4) The insurers shall provide by the 20th day of each month information to the Information Center at the Guarantee Fund about the traffic accidents, documented with bilateral statements of acknowledgment, in the format and according to the model form adopted by the Management Board of the Guarantee Fund and approved by the Deputy Chairperson of the Financial Supervision Commission in charge of Insurance Supervision Division.

(5) The Information Center at the Guarantee Fund shall provide to the Ministry of the Interior by the 25th day of each month the information referred to in para 1 herein in a format and according to the model form approved by the Minister of the Interior.

Art. 6. The scene of the following events shall not be visited by officers of Traffic Police of the Ministry of the Interior, neither shall documents be drawn up relating to them:

1. Damages of motor vehicles due to natural disasters;
2. Fire breaking out in a motor vehicle;
3. Damages of a motor vehicle occurring while parked;
4. Damages of a motor vehicle, which are not caused by another motor vehicle;
5. Damages on the windows of the motor vehicle.

Art. 7. (1) The Ministry of the Interior shall provide by the 25th day of each month to the Information Center at the Guarantee Fund as per art. 287 of the Insurance Code the following information necessary to specify the traffic accidents caused in the preceding month:

1. Type and number of the drawn up statement under art. 2, para 1, Item 1 or 2;
2. Photographs as per art. 2, para 2, where such have been shot;
3. Date of the traffic accident;
4. Place of the traffic accident;
5. Motor vehicles which participated in the traffic accident – indicating the registration number and identification number on the frame (chassis) of the vehicle for each vehicle, which participated in the accident;
6. The vehicle which caused the traffic accident.

(2) The information under para 1 herein shall be submitted electronically, with an electronic signature, in a format and on a model form, approved by the Minister of the Interior.

(3) The Guarantee Fund shall store the information received under para 2 for a period of 7 years after the date of the traffic accident.

(4) The Management Board of the Guarantee Fund shall adopt rules for archiving, storing and access to the data bases, containing the information under para 1 herein and shall submit them for approval by the Deputy Chairperson of the Financial Supervision Commission in charge of Insurance Supervision Division.

(5) The Information Center at the Guarantee Fund through its web site and/or another communication means shall provide opportunity for checking in a separate data base, containing only the information as per p. 6, for guiltily caused traffic accidents by motor vehicles.

(6) Upon request by an insurer relating to a claim brought against it, the Information Center shall furnish data as per para 1, Item 1-5 referring to the respective claim.

(7) The insurer shall authorize up to two officials to request the information referred to in para 6. The request shall be sent electronically, with an electronic signature on it.

Art. 8. The technical equipment for documenting a traffic accident, the scene of which is visited by officers from the Ministry of the Interior, may be ensured in conformity with the provision of art. 288b of the Insurance Code.

Art. 9. (New – SG, iss. 94 in 2010) (1) The information under Art. 294 para 6 of the Insurance Code shall contain the following information in relation to paid compensations for claims regarding the insurances under Item 3 and 10 of Section II, letter “A” of Annex No. 1 to the Insurance Code (save for the insurance under Item 10.2), which constitute a total damage within the meaning of Art. 193, para 4 of the Insurance Code:

1. date of the report;
2. code of the insurer which files the data;
3. unique number of the claim (damage)
4. number of insurance contract under which the claim is brought up;
5. insurance under which the claim is brought up;
6. date of filing the claim (damage);
7. date of the road traffic accident occurrence (to be filled in if the claim is a result of a road traffic accident);
8. document under Art. 2, para 1 where the claim is raised as a result of a road traffic accident, or other document (issued by a competent government authority or an insurer in the cases under Art. 6);
9. state control number and number of frame (body) of a motor vehicle, in relation to which a compensation for total damage is paid;
10. paid compensation in BGN;
11. date of payment of the compensation for total damage;
12. date of termination of the registration of a motor vehicle in relation to which a compensation for total damage is paid off.

(2) The information under para 1 shall be filed only for motor vehicles having a registration by the officials of Traffic Police – Ministry of Interior.

(3) The information under para 1 shall be provided daily at the Information Center to the Guarantee Fund in an electronic way, signed by an electronic signature, in format and model form adopted by the Management Board of the Guarantee Fund and approved by the Deputy Chairperson of the Financial Supervision Commission in charge of Insurance Supervision Division and shall contain the data about the compensations for total damages, paid in the preceding business day.

(4) Where in the relevant business day there are not any compensations paid for claims, which constitute total damages, an empty information form for lack of such payments

shall be sent to the Information Center in an electronic way, signed by an electronic signature.

(5) The Management Board of the Guarantee Fund shall adopt rules for archiving, storing and access to the data bases, containing the information under para 1 herein and shall submit them for approval by the Deputy Chairperson of the Financial Supervision Commission in charge of Insurance Supervision Division. The rules envisage provision of an access for the competent bodies of the Ministry of Interior and the Financial Supervision Commission.

(6) The Information Center at the Guarantee Fund through its web site or through some other communications means shall provide opportunity for checking of paid compensations for claims which constitute a total damage.

(7) Upon request by an insurer in connection with the conclusion of an insurance contract, or a claim brought up to it, the Information Center shall furnish to it the data as per para 1 referring to the respective motor vehicle.

(8) The insurer shall authorize up to two officials to request the information referred to in para 7. The request shall be sent in the form of an electronic document, with an electronic signature on it.

Transitional and Final Provisions

§ 1 (Suppl. – SG, iss. 94 in 2010) This Ordinance is issued on the grounds of Art. 125a, para 2 of the Road Traffic Act and in relation to Art. 294, para 7 of the Insurance Code.

§ 2 The obligation as per Art. 2, para 2 shall be fulfilled after the necessary technical equipment is ensured for the control bodies.

§ 3 (1) Within 30 days after the promulgation of the Ordinance in the State Gazette, the insurers shall start providing forms of different models for bilateral statements of acknowledgment for traffic accidents at the time of concluding the compulsory Third Party Liability insurance of motorists or upon request, and may also provide the model form as per Appendix No 3.

(2) Where the contract for compulsory Third Party Liability insurance of motorists was concluded prior to 01.01.2009, upon entry into force of Art. 5, para 2 the insurer shall be obliged to provide a form for bilateral statement of acknowledgment for a traffic accident as per Appendix No 3 upon request by the insured person.

(3) Till 01.01.2010 the participants in traffic accidents under Art. 5, para 1 may fill in and sign a bilateral statement of acknowledgment on other forms as well, provided by the insurer.

(4) The provision of the information under Art. 5, para 4 shall commence on 20 April 2009, containing data as of 01.01.2009, and with regard to the information under Art. 5, para 5 – the first date of provision shall be 25 April, 2009.

§ 4 This Ordinance shall enter into force on the date of its promulgation in the State Gazette.

STATEMENT OF ACKNOWLEDGMENT OF A TRAFFIC ACCIDENT WITH INJURED PERSONS

RE: Traffic accident scene visited by officer on duty in charge of traffic accidents at Regional Directorate of the Ministry of the Interior, date, hour, in city/on road/ street/km between:

PARTICIPANT 1

Motor vehicle with reg. No, Model, Identification number on the frame, registr. card No.....

OWNER:

PIN:, ADDRESS: city/settlement, Str....., No.....
Res. area, ent., floor, apartment No

DRIVER:

PIN:, ADDRESS: city/ settlement....., Str....., No.....
Res. area, ent., floor, apartment No

Driving license No, valid till

Alcohol contents in blood:

Third party Liability Insurance of Motorists with

Policy No, valid till

PARTICIPANT 2

Motor vehicle with reg. No, Model, Identification number on the frame, registr. card No.....

OWNER:

PIN:, ADDRESS: city/ settlement, Str....., No.....
Res. area, ent., floor, apartment No

DRIVER:

PIN:, ADDRESS: city/ settlement, Str....., No.....
Res. area, ent., floor, apartment No

Driving license No, valid till

Alcohol contents in blood:

Third party Liability Insurance of Motorists with

Policy No, valid till

PARTICIPANT 3

.....

PIN:, ADDRESS: city/ settlement, Str....., No.....
Res. area, ent., floor, apartment No

VISIBLE DAMAGES ON THE MOTOR VEHICLE:

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

MINISTRY OF THE INTERIOR
STATEMENT OF FINDINGS FOR A TRAFFIC ACCIDENT No 000000

ON THIS DAY OF AT THE UNDERSIGNED:

(date) (hour) (name, family name)

..... RDMI drew up this

(position at RDMI)

STATEMENT OF FINDINGS FOR A TRAFFIC ACCIDENT ONat
(date)

....., IN /ON

(hour) (city, village/road, street/blvd., No/km)

MUNICIPALITY

PARTICIPANTS IN THE TRAFFIC ACCIDENT:

Type of motor vehicle and registration number
Data about the registration series, No, validity
Identification number on the frame (body) of vehicle
Mark-model of vehicle
Type of freight, maximum mass
Trailer registr. number

OWNER

Name, family name(company name)
PIN/ BULSTAT
Full address – City/village; street, number, entr., floor

PARTICIPANT 1

Name, family name
PIN/code of participation
Full address – City/village; street, number, entr., floor
Driving license – number, valid till
Alcohol – yes, no , <05; 0,5-1,2; > 1,2, card for blood test

PARTICIPANT 2

Name, family name
PIN/code of participation
Full address – City/village; street, number, entr., floor
Driving license – number, valid till
Alcohol – yes, no , <05; 0,5-1,2; > 1,2, card for blood test

Third Party Liability of Motorists Insurance with

Policy No, validity

Visible damages on the motor vehicle

Other property damages

Circumstances, offences, causes and conditions for the accident

Layout of the traffic accident scene, visit on the spot – yes/no

Number of motor vehicles involved

Type of motor vehicles

Place of accident

Characteristics of scene

Entering/direction of accident
Technical fault of the motor vehicles
Weather conditions
Lane - width

Number of lanes
Road surface
Road condition
ROADWAY
Left road kerbside
Rights road kerbside
Middle division line
Emergency lane
MOVEMENT

Road condition
Plan and profile of the road
Regulation
Lighting
Safety measures – participant 1; participant 2
Offenses: participant 1; participant 2

Witness 1 – name, family name, PIN, address
Witness 2 – name, family name, PIN, address

UNDERTAKEN ADMINISTRATIVE MEASURE:
With regards to Participant 2, participant 2
As per art., para., p.

Signatures – participant 1; participant 2,
Drawn up by : (signature)

BILATERAL STATEMENT OF ACKNOWLEDGMENT OF A TRAFFIC ACCIDENT

1. Date of accident..., time..., 2. place..., state..., 3. injured persons..., 4. property damages – apart from ones on vehicles – yes/no; 5. witnesses – address, telephone

MOTOR VEHICLE A

6. HOLDER OF INSURANCE POLICY/ SEE INSURANCE CERTIFICATE

Name, family name, address, Code, State, Phone or e-mail address

7. MOTOR VEHICLE

Motor vehicle - mark, model, registration No, state of registration

Trailer – registration number, state of registration

8. INSURER /see insurance certificate

Name; insurance policy No; Green Card No; Insurance certificate or Green card validity from ...

to...Agency or bureau/broker: name, address, state, phone or e-mail address

Does the insurance policy cover damages of the motor vehicle – yes/no

9. DRIVER /check with the driving license/

Name, date of birth, address, state, phone number or e-mail address, driving license number and category (A,B), valid till...

MOTOR VEHICLE B

6. HOLDER OF INSURANCE POLICY/ SEE INSURANCE CERTIFICATE

Name, family name, address, Code, State, Phone or e-mail address

7. MOTOR VEHICLE

Motor vehicle - mark, model, registration No, state of registration

Trailer – registration number, state of registration

8. INSURER /see insurance certificate

Name; insurance policy No; Green Card No; Insurance certificate or Green card validity from ...

to...Agency or bureau/broker: name, address, state, phone or e-mail address

Does the insurance policy cover damages of the motor vehicle – yes/no

9. DRIVER /check with the driving license/

Name, date of birth, address, state, phone number or e-mail address, driving license number and category (A,B), valid till...

10. Please mark with an arrow the zone of the first clash of the motor vehicle A; B

11. Visible damages on motor vehicle A ; B

12. Check for motor vehicle A and B with an “x” the relevant box with a view to clarifying the layout of the traffic accident

1 parked/staying;

2 at starting/opening the door;

3 while parking;

4 while exiting from a parking place, private property, back road;

5 while entering into a parking place, private property, back road;

6. while entering into a ring road;

7. in a crossing;

8. clash into the back part of another motor vehicle moving in the same direction on the same lane of the road;
9. moving in the same direction, but on a different lane;
10. while changing lanes;
11. while overtaking a vehicle;
12. while turning left;
- 13 while turning right;
14. in a U turn;
15. entering a lane for movement in the opposite direction;
16. while entering a crossing from the right;
17. disobeying a right of way sign

Please indicate the number of boxes checked with an “x”

To be signed by the two drivers

13. Layout of the road conditions at the time of the accident

14. Notes

15. Signatures of the drivers – A and B.

REPORT TO THE INSURER CONCERNING A TRAFFIC ACCIDENT
To be filled in by the insured person and sent to the insurer immediately
(Use an additional sheet if needed)

Insured person

1. Profession (if more than one, please indicate all)

Insured motor vehicle

2. Mark/Model/Type of motor vehicle; Volume of engine; If a truck – indicate the loading capacity and permissible maximum mass; Date of first registration; Registration number
Please give instructions on my behalf for repairing/ when relevant
3. Are you the owner? – Yes/No If no, give the address of the owner.
4. For what purpose was the motor vehicle used at the time of the accident?
5. Can the vehicle still move on its own? – Yes/No; If No – where is it now Telephone
6. Name and address of the financial institution /if any/.

Driver or person in charge of the motor vehicle /if the same as the insured – this section is to be filled where relevant/

7. Date of birth; Profession (if more than one – indicate all); Date of issuing the driving license; Has the driver driven with your permission – Yes/No; Is the driver your employee? – Yes/No
8. Please indicate if the driver has a hearing or vision problem or any other physical disability.
9. Full description of all sanctions for driving offenses, including pending proceedings – date, offense, sanction

Injured persons

10. Name, address, approximate age; description of the injury; in which motor vehicle were the passengers, had they fastened their seat belts.

Damages of property and motor vehicles /other than motor vehicles A and B/

11. Name and address of owners; Description of the motor vehicle and property; Character of damages; Name and address of insurer (if known to you)

Actions of the police

12. Was the traffic accident reported to the police – yes/no; If Yes, fill in the number of the police division and the name and ID number of the police officer who took the call
13. Have court proceeding been initiated – yes/no; If Yes – against whom

Details about the traffic accident

14. Weather conditions
15. Speed of motor vehicles – A, B
16. What alarms were given by the driver or the other party
17. Were the street lights on – yes/no
18. What lights were on your motor vehicle/ the other motor vehicle
19. If the motor vehicle is a truck, indicate the weight of the load, transported at the time of the accident
20. Describe how the accident happened, specifying the width of the road, the speed limit, etc.

Statement of truthfulness

- I, the undersigned, hereby ascertain the truthfulness of the above mentioned circumstances
Signature of the insured person; Date.