



STATE REGISTER OF LEGAL ACTS OF THE REPUBLIC OF AZERBAIJAN

Act Type: *RESOLUTION OF THE BOARD OF THE MINISTRY OF FINANCE
OF THE REPUBLIC OF AZERBAIJAN*
Approval Date: *24.01.2014*
Registration No. *Q-03*

Title: *On approval of the certificate form for cases that can be
considered insured events under compulsory insurance of
motor vehicle owners' civil liability*

Official publication
source:

Effective Date: *06.02.2014*

Index Code According
to the Unified Legal
Classification of the
Republic of Azerbaijan *090.050.030*

Registration Number of
the State Register of
Legal Acts *15201401240003*

Date of Entry of the
Legal Act into the State
Register of Legal Acts *05.02.2014*

To ensure the implementation of paragraph 1.2 of Decree No. 937 of the President of the Republic of Azerbaijan, dated July 4, 2013, on the application of Law No. 649-IVQD of the Republic of Azerbaijan, dated May 14, 2013, "On Amendments to the Law of the Republic of Azerbaijan 'On Compulsory Insurance,'" as well as subparagraph 3.1.10 of Decree No. 500 of the President of the Republic of Azerbaijan, dated September 15, 2011, the Board of the Ministry of Finance of the Republic of Azerbaijan

HEREBY RESOLVES:

1. To approve the certificate form for cases that can be considered insured events under the compulsory insurance of motor vehicle owners' civil liability (attached).
2. To annul Resolution No. Q-03 of the Ministry of Finance of the Republic of Azerbaijan dated March 15, 2012, on approval of the certificate form for cases that

can be considered insured events under compulsory insurance of motor vehicle owners' civil liability.

3. To instruct the Department of Financial and Insurance Market Regulation and the State Insurance Supervision Service to ensure that this Resolution is submitted to the Ministry of Justice of the Republic of Azerbaijan for inclusion in the State Register of Legal Acts of the Republic of Azerbaijan within 3 days.

Samir Sharifov

**Chairman of the Board,
Minister of the Republic of Azerbaijan**

Stamp of the State Traffic Police Authority

CERTIFICATE
detailing a case that can be considered an insured event under compulsory
insurance of motor vehicle owners' civil liability

_____ hereby states that on _____
name of the State Traffic Police Authority
_____ 20_____, at _____ hour _____ minutes a traffic accident has occurred
at the following address: _____
address of the area where the traffic accident occurred

Type of traffic accident: _____
collision // overturning // hitting a pedestrian / obstacle / other vehicle / animal

1. Information on the PERSON(S) AT FAULT in the traffic accident, based on the effective decision of the body (official) authorized to consider cases of administrative or criminal offenses:

Note: If several persons have been identified as being at fault in the occurrence of a traffic accident based on the effective decision of the body authorized to consider cases of administrative or criminal offenses, the information is written in front of the corresponding numbers (No.) in the tables below.

1.1. Make, model and state registration plate of the vehicle		
No.	Vehicle make and model	State registration plate
1.		
2.		
3.		

1.2. Owner and driver of the vehicle		
No.	Owner <i>The name (if an individual, surname and patronymic) is to be provided.</i>	Driver at the time of the incident <i>(name, surname and patronymic)</i>
1.		
2.		
3.		
	Document confirming ownership rights <i>(name of the document, number, by whom and when it was issued)</i>	Driver's license <i>(series, number, by whom and when issued)</i>
1.		
2.		
3.		

1.3. Driver's ID card		
No.	Serial number of the ID card, date of issue and issuing authority	PIN code of the ID card <i>(first seven of the last eight characters of the last line of the part with the photo)</i>
1.		
2.		
3.		

1.4. Driver's address		
No.	Registered address	Physical address
1.		
2.		
3.		

1.5. At the time of the traffic accident:		
No.	Did the driver have the right to drive the vehicle?	Was the driver sober or intoxicated ?
1.		
2.		
3.		

1.6. Information about proceedings initiated against the driver			
No.	Type <i>(administrative or criminal)</i>	Commencement date	Name, surname, position, rank of the official who initiated the proceedings
1.			
2.			
3.			

2. Information on the participants identified as VICTIMS in a traffic accident, the property damaged and the characteristics of the damage, based on the effective decision of the body (official) authorized to consider cases of administrative offenses or criminal cases:

NOTE: If two or more people are identified as victims of a traffic accident, except in cases where they are passengers of the same vehicle, information about one of the victims shall be recorded in this reference. Information about the other victims shall be recorded in the appendix to this reference. The appendix shall be filled out separately for each victim. The appendices shall be numbered and attached to this reference.

2.1. **Type of damage:** _____ damage caused
to health // property // health and property

2.1.1. In case of harm to health

No.	Name, surname, patronymic of the victim	Result of the damage <i>(minor injury // less serious injury // serious injury // disability // limitation of health capabilities // death)</i>
1		
2		
3		
4		
5		

2.1.2. In case of harm to property

1) **Type of property** _____
motor vehicle // house // shop // administrative building // other building, etc.

2) If the damage is caused to a motor vehicle,

2.1) owner's name (if a legal entity), surname, patronymic, and telephone number (if an individual)

2.2) Vehicle's make, model and state registration plate: _____

2.3) Name, surname and telephone number of the person driving the vehicle at the time of the incident: _____

2.4) Name of parts and elements that are obviously damaged, nature of the damage caused to them _____

3) When damage is caused to real estate and other movable property, its:

3.1) location address _____

3.2) owner's name (if a legal entity), surname, patronymic, and telephone number (if an individual)

3.3) Name, surname and telephone number of the person using the damaged property during the incident: _____

3.4) Names of the parts that are obviously damaged, nature of the damage to them _____

Attachment:

State traffic police officer: _____
position and rank

name, surname and patronymic

L.S.

Signature: _____

Appendix No. ___
to Certificate No. ___ dated _____
regarding the details of a case that can be
considered an insured event under
compulsory insurance of motor vehicle
owners' civil liability

Information
about another person identified as a victim as a result of a traffic accident

1. Type of damage: _____ caused to
health // property // health and property

2. In case of harm to health

No.	Name, surname and patronymic of the victim	Result of the damage <i>(minor injury // less serious injury // serious injury // disability // limitation of health capabilities // death)</i>
1		
2		
3		
4		
5		

3. In case of harm to property

3.1. Type of property

_____ *vehicle//house // shop //administrative building // other building, etc.*

3.2. If the damage is caused to a motor vehicle,

3.2.1) owner's name (if a legal entity), surname, patronymic, and telephone number (if an individual)

3.2.2) vehicle's make, model and state registration plate:

3.2.3) name, surname and telephone number of the person driving the vehicle at the time of the incident: _____

3.2.4) name of parts and elements that are obviously damaged, nature of the damage caused to them _____

3.3. When damage is caused to real estate and other movable property, its:

3.3.1) location address _____

3.3.2) owner's name (if a legal entity), surname, patronymic, and telephone number (if an individual)

3.3.3) name, surname and telephone number of the person using the damaged property during the incident: _____

3.3.4) names of the parts that are obviously damaged, nature of the damage to them _____

State traffic police officer: _____
position and rank

name, surname and patronymic

L.S.

Signature: _____