

ACCIDENT REPORT UNDER MOTOR INSURANCE POLICY

We would request you to use this form to give us full details of any accident, irrespective of the fact that you may not wish to submit a claim under your insurance policy.

Your Policy of Insurance provides that you should notify the Company as soon as possible after an accident or any occurrence which may give rise to a claim under your Policy.

You should note that any delay in submitting a claim or notifying the Company, may prejudice your rights under your Policy.

In order to expedite the examination of your claim, we request you to complete this form giving all possible details and to reply to all the questions.

The acceptance of this form and the examination of the circumstances of the accident does not bind the Company to admit liability under the Policy.

IT IS IMPORTANT, IN CASE OF AN ACCIDENT TO HAVE IN MIND AND DO THE FOLLOWING:

1. Do not admit liability. Ask Third Parties to contact your Insurance Company.
2. Obtain full particulars of the other driver, his vehicle and the name of his Insurance Company.
3. Obtain the names and addresses/telephone numbers of independent witnesses (people who happened to see the accident).
4. Notify the Policy, especially if there are injuries (as you are required by legislation)

CLASS MOTOR - ACCIDENT REPORT FORM

IMPORTANT NOTE - Please read carefully the following instructions:

1. Carefully complete this form by giving full details.
2. We will rely on your answers to defend you, if necessary, in a Court of Law.
3. Wrong answers may prejudice your right to a valid claim.

1. POLICY DETAILS

Policy Number: _____

Insured's Name: _____

Identity card number/Company's Registration number: _____

Postal Address: _____

V.A.T. No. _____

Business/Occupation: _____ Telephone: _____

2. INSURED VEHICLE DETAILS

Registration Number: _____

Make: _____ Cubic Capacity: _____

Who is the owner of the vehicle? _____

Purpose for which the vehicle was being used: _____

Number of persons being carried in the vehicle: _____ Nature of goods carried: _____

Weight of load being carried: _____ Owner of the goods: _____

3. DRIVER'S DETAILS

Name/Surname: _____

Identity Card Number: _____ Date of Birth: _____

Postal Address: _____

Business/Occupation: _____ Telephone: _____

Experience as driver of similar vehicle: (years/months) _____ Type and No of Driving Licence _____

Have you during the past 5 years:

(a) Been prosecuted/convicted for a traffic offence? ☐ YES ☐ NO

(b) Been involved in a road accident? ☐ YES ☐ NO

Please give details: _____

Do you suffer from any disease or have any physical defect or infirmity that impairs your ability to drive? ☐ YES ☐ NO

Please give details: _____

Have you taken any medicine or drugs or consumed beer/wine/cognac/whiskey or any other alcoholic beverage before driving?

☐ YES ☐ NO Please give details: _____

IF THE DRIVER IS NOT THE POLICYHOLDER

Did you have authority to drive the vehicle? ☐ YES ☐ NO If yes, by whom? _____

Do you own a vehicle? _____ Registration Number: _____

Insurance Company: _____ Insurance Policy Number: _____

4. ACCIDENT DETAILS:

Date: _____

Time: _____ Place: _____

SpeedPosition in RoadLights

Insured's _____

Third Party's: _____

Weather Conditions: _____

State of the Road: _____

Details of Police Investigating Officer: _____

5. WITNESSES' DETAILS - Names and addresses

Independent Witnesses

Passengers in Insured Vehicle

a) _____

a) _____

b) _____

b) _____

c) _____

c) _____

6. DAMAGE TO THE INSURED VEHICLE:

Description of damage and cost or repair: _____

Name of repairer/garage: _____ Telephone: _____

7. DAMAGE TO THIRD PARTY VEHICLE(S) OR PROPERTY:

Name of Owner: _____ Address: _____ Tel: _____

Name of Driver: _____ Address: _____ Tel: _____

V.A.T. No. _____ Registration Number of Vehicle: _____ Make: _____

Insurance Company: _____ Policy Number: _____

Description of Damage: _____

8. DETAILS OF INJURED PERSONS:

Name	Address	Nature of Injuries	Age	In which vehicle was being carried	Details of Doctor/Hospital

Date: _____ Insured's Signature _____

CNP **ASFALISTIKI**
Δύναμη Ασφάλειας

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