



GENIKI PANELLADIKI

TRAFFIC ACCIDENT REPORT

ALSO SERVES AS PROOF OF RECEIPT IN ACCORDANCE WITH DECISION 3/5/26.07.2011 BY THE BANK OF GREECE

1. Accident date	Time

2. Place:	City, Village:
Country:	

3. Person(s) injured even slightly	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

4. Property Damages	
other than vehicles A and B	to objects other than vehicles
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

5. Witnesses: names, addresses, telephones:

VEHICLE A	
6. Insured person / Receiver of Insurance (see insurance certificate)	
LAST NAME:	
First name:	
Address:	
P.C.	Country:
Tel. or Email:	
7. Vehicle	
TOWING VEHICLE	TRAILER
Brand, Type	
License Plate	License Plate
Country of registration	Country of registration

12. ACCIDENT CONDITIONS		
Mark with (X) the corresponding square for each vehicle to make the diagram clear		
↓	*delete the ones that do not match*	↓
A		B
<input type="checkbox"/> 1	* Parked / at standstill	<input type="checkbox"/> 1
<input type="checkbox"/> 2	* Start from standstill / door opening	<input type="checkbox"/> 2
<input type="checkbox"/> 3	About to park	<input type="checkbox"/> 3
<input type="checkbox"/> 4	Leaving a parking area / private area / dirt road	<input type="checkbox"/> 4
<input type="checkbox"/> 5	Entering a parking area / private area / dirt road	<input type="checkbox"/> 5
<input type="checkbox"/> 6	Entering a square with a roundabout	<input type="checkbox"/> 6
<input type="checkbox"/> 7	Crashed at the rear of another vehicle that was going in the same direction and on the same lane	<input type="checkbox"/> 7
<input type="checkbox"/> 8	Moving in the same direction on a different lane	<input type="checkbox"/> 8
<input type="checkbox"/> 9	Changing lanes	<input type="checkbox"/> 9
<input type="checkbox"/> 10	Overtaking	<input type="checkbox"/> 10
<input type="checkbox"/> 11	Turned right	<input type="checkbox"/> 11
<input type="checkbox"/> 12	Turned left	<input type="checkbox"/> 12
<input type="checkbox"/> 13	Moved in reverse	<input type="checkbox"/> 13
<input type="checkbox"/> 14	Was on the opposite traffic lane	<input type="checkbox"/> 14
<input type="checkbox"/> 15	Moving on the ride side (at a junction)	<input type="checkbox"/> 15
<input type="checkbox"/> 16	Ignored a priority sign or red traffic light	<input type="checkbox"/> 16

VEHICLE B	
6. Insured person / Receiver of Insurance (see insurance certificate)	
LAST NAME:	
First name:	
Address:	
P.C.	Country:
Tel. or Email:	
7. Vehicle	
TOWING VEHICLE	TRAILER
Brand, Type	
License Plate	License Plate
Country of registration	Country of registration

8. INSURANCE COMPANY (see insurance certificate)
COMPANY NAME:
Contract No.:
Green Card No.:
Duration of insurance policy or green card from ... to
Agency: NAME:
Address:
Country:
Tel. or Email:
Are the same property damages to the vehicle insured (Mixed)?
No <input type="checkbox"/> Yes <input type="checkbox"/>

8. INSURANCE COMPANY (see insurance certificate)
COMPANY NAME:
Contract No.:
Green Card No.:
Duration of insurance policy or green card from ... to
Agency: NAME:
Address:
Country:
Tel. or Email:
Are the same property damages to the vehicle insured (Mixed)?
No <input type="checkbox"/> Yes <input type="checkbox"/>

8. INSURANCE COMPANY (see insurance certificate)
COMPANY NAME:
Contract No.:
Green Card No.:
Duration of insurance policy or green card from ... to
Agency: NAME:
Address:
Country:
Tel. or Email:
Are the same property damages to the vehicle insured (Mixed)?
No <input type="checkbox"/> Yes <input type="checkbox"/>

9. Driver (see driving license)
LAST NAME:
Name:
Date of birth:
Address:
Country:
Tel. or Email:
Driving license No.:
Class (A, B,...):
Valid till:

9. Driver (see driving license)
LAST NAME:
Name:
Date of birth:
Address:
Country:
Tel. or Email:
Driving license No.:
Class (A, B,...):
Valid till:

10. Indicate the initial collision point on vehicle A with an arc ⇐

10. Indicate the initial collision point on vehicle B with an arc ⇐

11. Visible damage to vehicle A:

11. Visible damage to vehicle B:

Injured person A
Full name:
Address:
Telephone:
Injured person's condition:

Injured person C
Full name:
Address:
Telephone:
Injured person's condition:

Identify the number of marked squares
This is not a record of liability, but a record of the parties involved and the incidents so as to speed up the settlement

13. Involved Authority
