

Injured person's condition:



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:		3. Person(s) injured	
		Country:			No □	Yes □
 Property Damage other than vehicles A and B 	to objects other than vehicles	5. Witness	ses: names, addresses, telephone	es:		
No Yes	No Yes					
VEC	CHICLE A		12. ACCIDENT CONDITIONS		VECH	IICLE B
6. Insured person / Receiver of Insurance (see insurance certificate)		VE	Mark with (X) the corresponding square for each vehicle to make the diagram clear		6. Insured person / Receiver of Insurance (see insurance certificate)	
LAST NAME: First name:		A	*delete the ones that do not match*	Ф В	LAST NAME: First name:	
Address:		1 1 ^	normalch	•	Address:	
P.C.	Country:	□1	* Parked / at standstill	1 🗆	P.C.	Country:
Tel. or Email:		□2	*Start from standstill / door opening	2□	Tel. or Email:	•
7. Vehicle TOWING VEHICLE	TRAILER		About to park	2	7. Vehicle	
	IKAILEK	□3	About to park	3□	TOWING VEHICLE	TRAILER
Brand, Type		□4	Leaving a parking area / private area /	4□	Brand, Type	
License Plate	License Plate		dirt road		License Plate	License Plate
Country of registration	Country of registration	□5	Entering a parking area / private area / dirt road	5□	Country of registration	Country of registration
INSURANCE COMPANY (see insurance certificate)			Entering a square with a roundabout	6 🗆	8. INSURANCE CON insurance certification	,
COMPANY NAME: Contract No.: Green Card No.: Duration of insurance policy or green card from to		□7	Crashed at the rear of another vehicle that was going in the same direction and on the	70	COMPANY NAME: Contract No.: Green Card No.: Duration of insuran card from to	
Agency: NAME: Address:		□8	same lane Moving in the same direction on a different lane	8 🗆	Agency: NAME: Address:	
Country: Tel. or Email:		□9	Changing lanes	9□	Country: Tel. or Email: Are the same property damages to the vehicle insured (Mixed)? No Yes Yes	
Are the same property damages to the vehicle insured (Mixed)? No □ Yes □		□10	Overtaking	10□		
9. Driver (see driving license)		□11	Turned right	1 🗆 1	9. Driver (see driving	g license)
LAST NAME: Name:		□12	Turned left	12□	LAST NAME: Name:	
Date of birth: Address:		□13	Moved in reverse	13□	Date of birth: Address:	
Country: Tel. or Email: Driving license No.: Class (A, B,):		□14	Was on the opposite traffic lane	14	Tel. or Email: Driving license No/Class (A, B,):	Country:
Valid till:		□15	Moving on the ride side (at a junction)	15□	Valid till:	
10. Indicate the initial collision point on vehicle A w ith an arc ← 11. Visible damage to vehicle A:		□16	Ignored a priority sign or red traffic light	16□	10. Indicate the ini on vehicle B with a	
		11	is obligatorily signed by the two Drivers		#	
			Identify the number of marked squares		11. Visible damage	to vehicle R:
- Fisible duffluge	TO FOLIICIO A.	1	marked aquales		- Island damage	TO VOLUCIO D.
			This is not a record of liability, but a record of the parties involved and the incidents so as to speed up the settlement			
Injured person A]			Injured person C	
Full name:]			Full name:	
Address:		┨			Address:	

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13. Involved Authority





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Hospital:		Hospital:
Insurance body:		Insurance body:
Injured person B	 Description of accident conditions 	Injured person D
Full name:		Full name:
Address:		Address:
Telephone:		Telephone:
Injured person's condition:		Injured person's condition:
Hospital:		Hospital:
Insurance body:		Insurance body:
The Recipient of the Report		
		Liability in case of accident
The Reporting Party		Positive \square Negative \square

