



ΠΑΓΚΥΠΡΙΑΚΗ ΑΣΦΑΛΙΣΤΙΚΗ
PANCYPRIAN INSURANCE

Private Company, Company Registration Number: 51362, Registered Office: 66 Grivas Digenis Avenue, 1095 Nicosia, Cyprus.
Service Line: 77772171, Fax: 22671975, e-mail: Pancyprian@hellenicbank.com, web page://www.pancyprianinsurance.com

MOTOR ACCIDENT DECLARATION FORM

INSURED

THIRD PARTY

Policy No		Date of Accident	
1. Basic Data			
Name			
Mobile Telephone			
Address			
Occupation			
e-mail			
Consent for sending information electronically: I/we hereby declare that I/we consent/do not consent ** to Pancyprian Insurance Ltd sending to me/us information (including account statements) electronically to my/our mobile phone (SMS) and/or at my/our email address. ** Delete as appropriate.			
2. Vehicle Description			
Make	Type		
Reg. No	HP		
3. Insurance Policy Data			
Cover Type	Excess (€)		
Valid up to	Insured with: Pancyprian Insurance Ltd		
4. Drivers			
Name			
Relationship with the owner			
Telephone			
Date of Birth	Identity Card No		
Address			
Occupation			
Driving License No.			
Issue date	Expiry date		
5. Passenger Names			
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

6. Bodily Injuries

Passengers/Pedestrian/Driver			
Name			
Address			
Age	Occupation		
Nature of Injuries			
Hospitalized/Treated at			

7. MATERIAL DAMAGES

[illegible]

Address & name of garage		Address & name of garage	
Place of accident			Time
If the driver is an owner of another vehicle state its insurance company			
To whom the accident was reported			
Purpose of use of the vehicle at the time of accident		Did you have any previous accidents?	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. Details of Accident	
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<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border-top: 1px solid black; padding-top: 5px; text-align: center;"> Name and ID number of Insured / Driver </div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border-top: 1px solid black; padding-top: 5px; text-align: center;"> Signature </div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border-top: 1px solid black; padding-top: 5px; text-align: center;"> Date </div>
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