

DECLARATION OF ACCIDENT

DAMAGE NUMBER

INSURANCE POLICY NUMBER	YEAR OF ISSUE	START	END	LICENSE PLATE NUMBER	USE	H.P.	VEHICLE MAKE - TYPE - COLOUR

INSURED COMPANY	FATHER'S NAME	DRIVER'S NAME	ADDRESS			TELEPHONE NUMBER
LEASEPLAN HELLAS A.E.			17 A.Papandreou St., 15124, Marousi			210 61 00 050

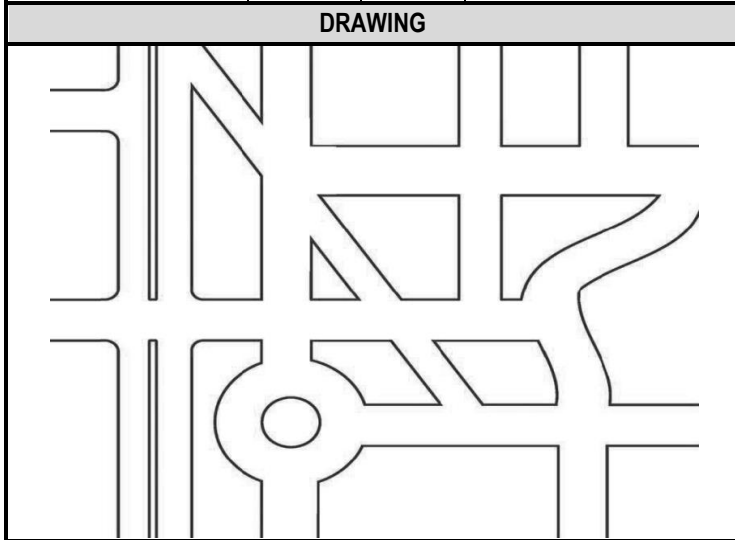
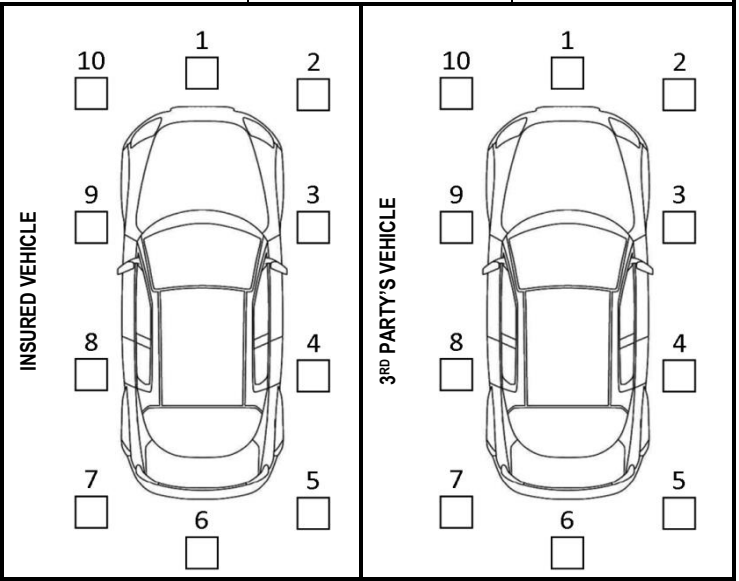
DRIVER'S SURNAME	FATHER'S NAME	DRIVER'S NAME	DRIVER'S LIC. No	ISSUE DATE	EXPIRY DATE	DRIVER'S LICENSE TYPE (NORMAL/PROF.)

DRIVER'S HOME ADDRESS	BIRTH YEAR	PROFESSION - OCCUPATION	TELEPHONE NUMBER

ACCIDENT DETAILS			SITE, ROAD, CROSSROAD, DISTRICT, CITY	DID YOU INFORM THE POLICE? WHO?
DATE	TIME	ANNOUNCE DATE		

3 RD PARTY DETAILS FOR MATERIAL DAMAGE					CARS - INSURANCE DETAILS	
	SURNAME	FATHER'S NAME	NAME	ADDRESS - TEL. NUMBER	LIC.PLATE NUMBER	INSURANCE COMPANY
OWNER DRIVER						
OWNER DRIVER						
OWNER DRIVER						

3 RD PARTY DETAILS FOR BODILY INJURIES			
SURNAME	FATHER'S NAME	NAME	ADDRESS - TEL. NUMBER



I RESPONSIBLY DECLARE THAT ALL THOSE WRITTEN IN THE PRESENT FORM ARE TRUE, THAT I WILL ALSO BE PRESENT TO CERTIFY THEM IN COURT AND THAT I WILL ACCEPT ANYTHING THE INSURANCE COMPANY DECIDES, SO MUCH IN THE DETERMINATION OF RESPONSIBILITY, AS WELL AS IN THE WAY OF SETTLEMENT OF THE ACCIDENT THAT I DECLARE.

ACCIDENT DESCRIPTION

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WITNESSES DETAILS	ARE YOU ACQUAINTED WITH THE 3 RD PARTY?	WHOSE RESPONSIBILITY IS IT? (IN YOUR OPINION)
WHO RECEIVED THE CLAIM FORM (FULL NAME)		DECLAIRER'S FULL NAME AND SIGNATURE