



**AUXILIARY-GUARANTEE FUND**

Makri 1, 117-42 Athens

e - Mail : [claims@epikef.gr](mailto:claims@epikef.gr)

**ACCIDENT DECLARATION**

- UNINSURED
- UNKNOWN
- REVOKED INSURANCE COMPANY

- MATERIAL DAMAGE
- BODILY INJURIES \_\_\_\_\_

**1. ACCIDENT DETAILS**

Date of accident : \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time : \_\_\_\_:\_\_\_\_

Place of Accident (street/city/town):\_\_\_\_\_

Police authority :            NO            YES

**If YES, submit a copy of the Penal File or/and the Road Traffic Accident Report.**

Are there any *witnesses* to the accident?    NO            YES

If YES, name them:

.....phone number: .....

.....phone number: .....

.....phone number: .....

**ACCIDENT DESCRIPTION**

(Be as detailed as possible. If space is inadequate, use extra pages)

**2. DAMAGED DETAILS** (owner  ,driver  ,passenger  ,pedestrian  )

Name - Surname / Appellative:..... Date of birth:.....  
Father's name: ..... Mother's name: .....  
VAT: ..... TAX OFFICE:.....  
ID. or Passport number: .....  
Profession: .....  
Address: .....Postal Code: ..... City: .....  
Phone numbers: .....Email: .....  
I.B.A.N.: .....

**If the application is submitted on behalf of a minor, fill in their details:**

Name - Surname: .....  
Father's name:..... Mother's name: .....  
Relationship to Applicant: .....Age: .....

**Relationship of the INJURED person or applicant to the accident:**

(Check everything that concerns you)

- Owner of damaged vehicle (submission of photocopy of registration license required)  Driver or passenger in the damaged vehicle  Passenger in the at-fault vehicle  Property owner (non-vehicle damage for example fencing, retail store, home)  Non-vehicle occupants (pedestrian)

**A) INFORMATION OF THE OWNER OF THE DAMAGED VEHICLE** (If he is other than the applicant)

Name - Surname: .....  
Address: ..... Postal Code: .....City:.....  
Insurance company: .....  
Phone numbers: .....Email: .....

**B) DRIVER'S DETAILS OF THE DAMAGED VEHICLE** (If he is other than the applicant)

Name-Surname: .....  
Address: ..... Postal Code: .....City: .....  
Phone numbers: .....Email: .....

**VEHICLE DETAILS**

License plate: ..... Usage: ..... Brand: .....  
Color: ..... Insurance company: .....

## ELEMENTS OF MATERIAL DAMAGE OUTSIDE THE VEHICLE

Property: .....

### 3. DETAILS OF LIABILITY

#### A) OWNER'S DETAILS OF THE DETRIMENTAL VEHICLE

Name - Surname: .....

Father's name:..... Mother's name: .....

VAT number: ..... TAX OFFICE: .....

ID. or passport number: .....

Address: ..... Postal Code:..... City: .....

Phone Numbers: ..... Email:.....

#### VEHICLE DETAILS

License Plates: ..... Usage: ..... Brand: .....

Color: .....

#### B) DRIVER'S DETAILS OF THE DETRIMENTAL VEHICLE

Name - Surname: .....

Father's name: .....Mother's name: .....

VAT number: .....TAX OFFICE:.....

ID. or passport number: .....

Address: ..... Postal Code: ..... City:.....

Phone numbers: ..... Email : .....

### 4. OTHER VEHICLE INVOLVEMENT

YES  NO

#### A) OWNER'S DETAILS OF THE VEHICLE INVOLVED

Name - Surname: .....

VAT number: ..... TAX OFFICE: .....

ID. or passport number: .....

Address: ..... Postal code: ..... City:.....

Phone numbers: ..... Email : .....

#### VEHICLE DETAILS

License Plate: ..... Usage: ..... Brand: .....

Color: .....

Insurance company.....

**B) DRIVER'S DETAILS OF THE VEHICLE INVOLVED**

Name - Surname: .....  
VAT number: ..... TAX OFFICE: .....  
ID. or passport number: .....  
Address: ..... Postal code: ..... City:.....  
Phone numbers: ..... Email : .....

**5. FINANCIAL CLAIM**

**Material damages** (restoration value of assets): \_\_\_\_\_ €  
**Bodily damages** (expenses due to injury): \_\_\_\_\_ €  
**Consequential damages** (indirect damages due to the accident): \_\_\_\_\_ €  
**Other** ..... \_\_\_\_\_ €  
..... \_\_\_\_\_ €  
..... \_\_\_\_\_ €  
  
**TOTAL CLAIM:** \_\_\_\_\_ €

The documents that specify the requirements should be attached in photocopies, and are the following:

.....  
.....  
.....  
.....  
.....  
.....  
.....

**I hereby declare that all the above stated information is true**

....., ..... / ..... / .....

..... Request..... or Power of Attorney, \*\*  
(Signature and Name of Injured Person) (Property, Signature and Details of the  
legally authorized person)

\*\* Attaching a copy of authorisation is required, which bears the original signature of the applicants from a Public Authority or gov.gr.

**ATTENTION:**

This request for compensation must be accompanied by the Declaration of Consent Form for the Processing of Personal Data, completed and legally signed (with validation signature from a public authority or gov.gr), which follows and is also available on the website of the Auxiliary Capital.

**Note** TO BE VALID, THE PRE-TRIAL REQUEST MUST ALWAYS BE ACCOMPANIED BY DOCUMENTS DOCUMENTING THE FINANCIAL CLAIM

## **UPDATE ON THE PROCESSING OF PERSONAL DATA**

In accordance with the provisions of the **General Data Protection Regulation** (henceforth GDPR), European Regulation (EU 2016/679), Law 4624/2019, as well as any other national or European legislative provision concerning the protection of personal data, the Auxiliary Guarantee Fund has taken all the necessary measures and has developed all the appropriate policies and procedures, in order to be in absolute compliance with the requirements of the Regulation and to provide the highest possible level of protection for all those who transact with it.

In this context, the Auxiliary Guarantee Fund is going to collect through this application and then process your personal data, in order to fulfill its obligations according to the Law (assessment, control and settlement of the case, payment of legal compensation).

Please declare that you have been notified and informed about the content of the 13-11-2024 Update on the Processing of Personal Data by the Auxiliary Guarantee Fund, which has been posted on the website of the Auxiliary Guarantee Fund.

Please sign that you are aware of this information regarding the processing of your personal data, which is an integral part of the accident compensation application you submit to the Auxiliary Guarantee Fund.

**I have been notified**

**Full name:**

**Signature:**