



AUXILIARY-GUARANTEE FUND

Makri 1, 117-42 Athens

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

ACCIDENT DECLARATION - RELATIVES OF THE DECEASED

- 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. DETAILS OF THE DESEASED

Name-Surname:.....
Father's name:..... Mother's name:
Address:.....Postal Code: City:
Date of birth:.....Occupation:.....

Relationship of the DESEASED person to the accident:

(Check everything that applies to 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) OWNER'S DETAILS OF THE DAMAGED VEHICLE (If the details are different from the deceased)

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

B) DRIVER'S DETAILS OF THE DAMAGED VEHICLE (If the details are different from the owner)

Name:
Address:Postal Code: City:.....
Phone Number:.....Email:.....

VEHICLE DETAILS

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

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:.....

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 :

VEHICLE DETAILS

License Plates: Usage: Brand:
Color:

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.....

5. DETAILS OF ALL APPLICANTS (For more applicants, please print this page more times)

Name - Surname:.....
Father's name: Mother's name:
VAT: TAX OFFICE:.....
ID. or Passport number:
Address:Postal Code: City:
Phone numbers:Email:
I.B.A.N.:
Correlation with the deceased:

APPLICANT CLAIM _____ €

Name - Surname:.....
Father's name: Mother's name:
VAT: TAX OFFICE:.....
ID. or Passport number:
Address:Postal Code: City:
Phone numbers:Email:
I.B.A.N.:
Correlation with the deceased:
APPLICANT CLAIM _____ €

Name - Surname:.....
Father's name: Mother's name:
VAT: TAX OFFICE:.....
ID. or Passport number:
Address:Postal Code: City:
Phone numbers:Email:
I.B.A.N.:
Correlation with the deceased:
APPLICANT CLAIM _____ €

Name - Surname:.....
Father's name: Mother's name:
VAT: TAX OFFICE:.....
ID. or Passport number:
Address:Postal Code: City:
Phone numbers:Email:
I.B.A.N.:
Correlation with the deceased:
APPLICANT CLAIM _____ €

Name - Surname:.....
Father's name: Mother's name:
VAT: TAX OFFICE:.....
ID. or Passport number:
Address:Postal Code: City:
Phone numbers:Email:
I.B.A.N.:
Correlation with the deceased:
APPLICANT CLAIM _____ €

TOTAL CLAIM: _____ €

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

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.....

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: