

# Accident report form

## Insured party's details

Insured party: **LEASEPLAN HELLAS COMMERCIAL VEHICLE LEASING AND FLEET MANAGEMENT SERVICES SINGLE MEMBER SOCIÉTÉ ANONYME (Ayvens Greece)**  
 Insurance policy no.:  
 License plate no.:  
 Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Use:  
 Color:  
 Vehicle make:  
 Address: **17 A. Papandreou Str., 15124 Marousi**  
 Telephone: **+30 210 610 0050**

Driver's full name:  
 Address:  
 Telephone:  
 Date of birth:  
 Driver's license no.:  
 Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Driver's license type:

## Accident details

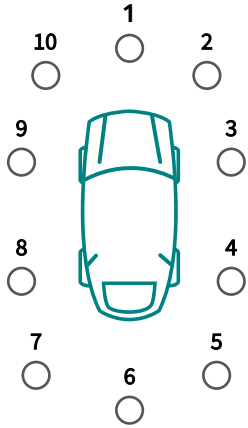
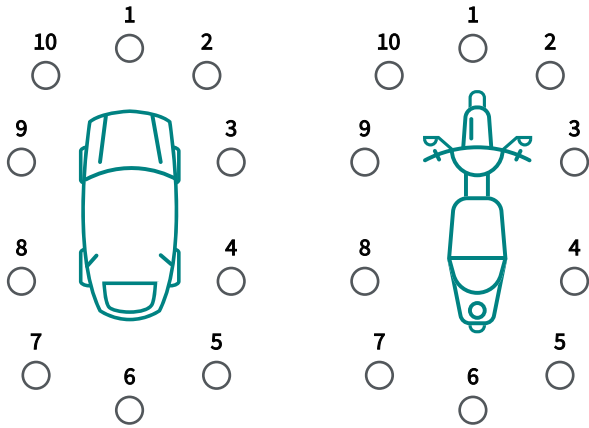
Accident date: \_\_\_\_\_ Location (street - area): \_\_\_\_\_  
 Notification date: \_\_\_\_\_ Has any police authority been informed?  Yes  No  
 Accident time: \_\_\_\_\_ Police authority name: \_\_\_\_\_

## Third parties' details

**1** Owner:  
 Insurance company:  
 Color:  
 Address:  
 License plate no.:  
 Vehicle make:  
 Driver:  
 Telephone:

**2** Owner:  
 Insurance company:  
 Color:  
 Address:  
 License plate no.:  
 Vehicle make:  
 Driver:  
 Telephone:

<b>Witnesses</b> Full name: Telephone: <hr/> Full name: Telephone:	<b>Bodily injured third parties</b> Full name: Telephone: <hr/> Full name: Telephone:	<b>Who is at fault, in your opinion</b> <input type="radio"/> Me <input type="radio"/> Both <input type="radio"/> Third party <input type="radio"/> I don't know
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<b>Accident description</b> <b>For the insured party:</b> Mark the points of damage 	<b>For the third party:</b> Mark the points of damage 	<b>Would you like us to schedule vehicle's repair?</b> <input type="radio"/> Yes No, I would like to contact Ayvens at (+30) 210 6100050 myself, in my own time  In case of repair <b>Area of service</b> City: Area: ZIP:
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**Accident description (continue)**

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**The vehicles were moving this way (drawing):**

**The Declairer**

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**The Recipient of the report**

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## Accident report

How do i fill in the accident report

**Mandatory fields**, as presented in the attached Accident Report Form.

Fields that are not mentioned below are not mandatory.

### Insured party's details

License plate no., driver's full name, telephone

Fill in the license plate no., the driver's full name and telephone for the vehicle leased by Ayvens which the Accident Report concerns.

### Accident details

Accident date, accident time, location (street - area), has any police authority been informed? Police authority name

Fill in the date, the time and the location (street - area) of the accident the report concerns. In addition, indicate whether some police authority has been informed. If so, please fill in the police department that documented the incident.

### Third parties' details

Owner, insurance company, license plate no., driver, telephone

Fill in the owner's full name, the insurance company, the license plate no., the full name and telephone number of each driver of each vehicle involved in the accident the report concerns, if there is one or more vehicles involved (at fault or not at fault).

### Witnesses

Fill in the relevant information, **if there are witnesses**.

### Bodily injured persons

Fill in the relevant information, **if there are bodily injured persons**.

### Who is at fault, in your opinion?

Fill in who is at fault, in your opinion, for the accident this report concerns.

### Accident description

The description of the **accident circumstances** must be detailed and in depth. In the corresponding field of the vehicle representation, mark the points of damage to your vehicle and to the other vehicle(s) involved.

### Would you like us to schedule the vehicle's repair?

Fill in YES in case you would like to have the vehicle repaired promptly. Fill in NO in case you would like to have it repaired later. If you select NO, you should contact Ayvens as (+30) 210 6100050 when you decide you want to schedule the repair of the vehicle.

### Area of service

City, area, ZIP

Fill in the city, area and ZIP code where you would like us to have the vehicle repaired.

### The Declarer

Signature and full name in writing.

Please note that the **insurance company is responsible for the final outcome of the fault**, taking into account the description in your report, the circumstances of the accident, as well as the current legislation and case law.

**The accident report form must be accompanied by a copy of the police report**, if it has been recorded by the police, a direct settlement agreement form, if completed, or any other document.

Where should I send the completed

## Accident report

You may send the completed Accident Report form to Ayvens Greece by **email at driver.gr@ayvens.com**

**Please indicate the relevant vehicle license plate no. in the e-mail subject.**