

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: Agisilaou 6-8 Street 15123 Maroussi

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:

Witnesses

Full name:

Telephone:

Full name:

Telephone:

Bodily injured third parties

Full name:

Telephone:

Full name:

Telephone:

Who is at fault, in your opinion

Me

Both

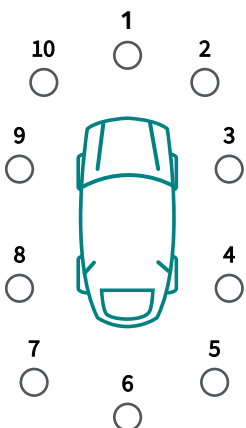
Third party

I don't know

Accident description

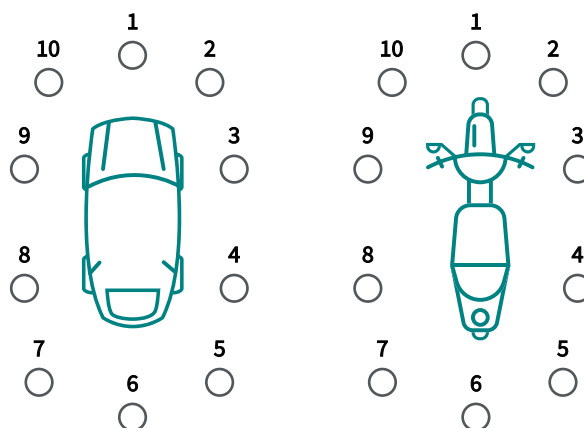
For the insured party:

Mark the points of damage



For the third party:

Mark the points of damage



Would you like us to schedule vehicle's repair?

Yes

No, I would like to contact Ayvens at (+30) 210 6100050 myself, in my own time

In case of repair

Area of service

City:

Area:

ZIP:

Accident description (continue)

The vehicles were moving this way (drawing):

A collection of 20 geometric shapes arranged in three rows, intended for drawing vehicle movement directions. The shapes include various rectangles, squares, triangles, and irregular polygons, some with rounded corners or specific cutouts, providing a variety of options to represent different vehicle orientations and paths.

The Declairer

The Recipient of the report
