

ACCIDENT DECLARATION

Accident Details		Place of the Accident (Area, Street Nr.)	Police
Date of Accident	Time		

A Vehicle Info

Owner's Name	Address	Phone	E-mail
Driver's Name	Birth Year	Phone	E-mail
Vehicle - Make - Type - Colour	Registration Plate	Insurance Company	Year

B Vehicle Info

Owner's Name	Country	Address	Phone
Driver's Name	Birth Year	Phone	E-mail
Vehicle - Make - Type - Colour	Registration Plate	Insurance Company	Green Card No

Other Involved Vehicles (If exist)

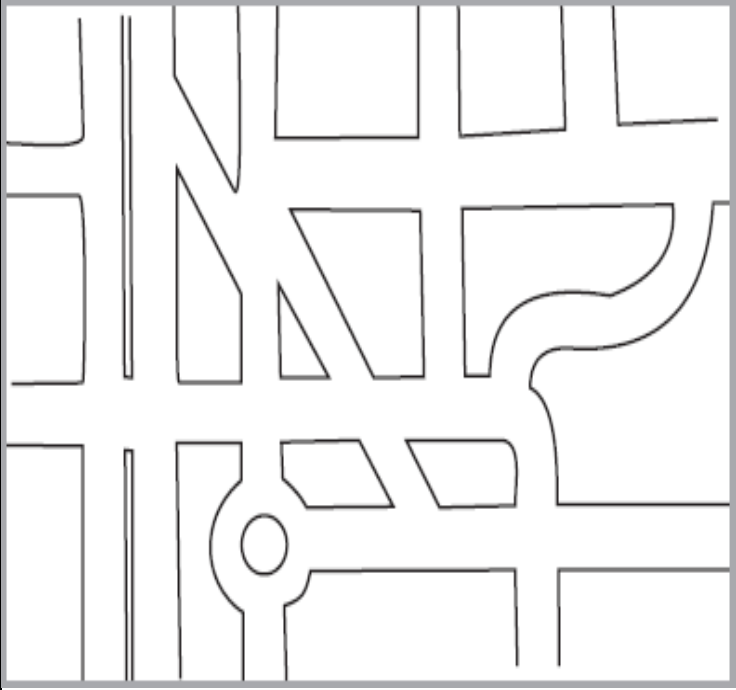
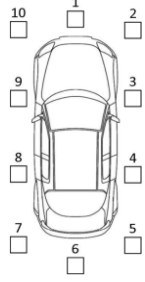
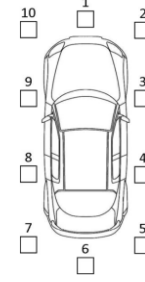
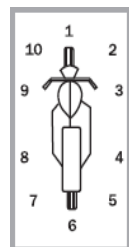
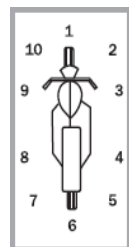
	Name	Address - Tel Number	Registration Plate	Insurance Company
Owner				
Driver				
Owner				
Driver				

Bodily Injuries (If exist)

Name of Injured Person	Address - Tel. Number	Details (What kind of Injuries ?)

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Accident Data

Sketch of the Accident	A Vehicle	B Vehicle
		
		

ACCIDENT DESCRIPTION

Witnesses (If any please mention name and contact details)	Who is responsible for the accident? (In your opinion)

The Declarant (Name and Signature)

Date/...../.....