
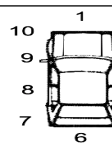
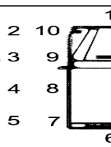

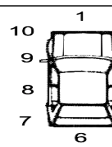
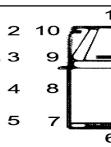

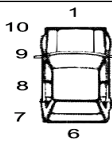
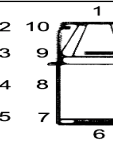


STATEMENT OF FACTS REGARDING MOTOR ACCIDENT

| | | | |
|---|---------------|---|--|
| 1) Accident date | Time | 2) Place: Town, Village | 3) Injury, even that of a mild nature Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Property Damages other than Vehicles A and B: Yes <input type="checkbox"/> No <input type="checkbox"/> * | | 5) Property Damages to other objects (not vehicles): Yes <input type="checkbox"/> No <input type="checkbox"/> * | |

| VEHICLE A | 13) CIRCUMSTANCES | VEHICLE B |
|---|---|---|
| 6) Insured | Mark with (x) the appropriate square for each vehicle in order to clarify the sketch | 6) Insured |
| SURNAME:..... | A | B |
| NAME:..... | <input type="checkbox"/> 1 Parked / at a standstill | 1 <input type="checkbox"/> NAME:..... |
| Identity Card:..... | <input type="checkbox"/> 2 Start from standstill/ opening of door | 2 <input type="checkbox"/> Identity Card:..... |
| Address:..... | <input type="checkbox"/> 3 Trying to park | 3 <input type="checkbox"/> Address:..... |
| Postal Code:.....Country:..... | <input type="checkbox"/> 4 Leaving parking area, private area, dirt road | 4 <input type="checkbox"/> Postal Code:.....Country:..... |
| Tel. Land line/Mobile:..... | <input type="checkbox"/> 5 Entering parking area, private area, dirt road | 5 <input type="checkbox"/> Tel. Land line/Mobile:..... |
| Are you VAT Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> 6 Entering roundabout / circular course | 6 <input type="checkbox"/> Are you VAT Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7) Vehicle: | <input type="checkbox"/> 7 Moving on roundabout / circular course | 7) Vehicle: |
| Registration No. | <input type="checkbox"/> 8 Collision at rear end of other vehicle moving in the same direction and in the same lane | Registration No. |
| Make / Type | <input type="checkbox"/> 9 Moving in the same direction but in a different traffic lane | Make / Type |
| 8) Insurance Company | <input type="checkbox"/> 10 Changing lanes | 8) Insurance Company |
| NAME:..... | <input type="checkbox"/> 11 Overtaking | NAME:..... |
| Policy No.:..... | <input type="checkbox"/> 12 Turning right | Policy No.:..... |
| Start date: Expiry Date: | <input type="checkbox"/> 13 Turning left | Start date: Expiry Date: |
| Agent:..... | <input type="checkbox"/> 14 Reversing | Agent:..... |
| Comprehensive Cover? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> 15 Moving in the opposite traffic direction | Comprehensive Cover? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9) Driver (see Driving Licence) | <input type="checkbox"/> 16 Moving from the right (at a crossroad) | 9) Driver (see Driving Licence) |
| SURNAME:..... | <input type="checkbox"/> 17 Violated priority signal or traffic light | SURNAME:..... |
| NAME:..... | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="text-align: center;"> ← Define the number of (X) marked boxes → </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> </div> | NAME:..... |
| Date of Birth:..... | This Statement is signed compulsory by all involved Drivers at the bottom of this page. <i>It does not form a recognition of liability, but simply a record of the parties and incidents involved, in order to speed up the settlement process.</i> | Date of Birth:..... |
| Identity Card:..... | 14) Sketch of the Accident | Identity Card:..... |
| Address:..... | Draw the: 1. road - 2. direction of vehicles A & B (using arrows) - 3. position of vehicles A& B at the time of impact - 4. road signs - 5. name of streets | Address:..... |
| Country:..... | <u>SKETCH OF THE ACCIDENT</u> | Country:..... |
| Tel. Land line/Mobile:..... | <div style="display: flex; justify-content: space-around;">    </div> | Tel. Land line/Mobile:..... |
| Injured? Yes <input type="checkbox"/> No <input type="checkbox"/> | 10) Indicate the initial point of impact on vehicle B | Injured? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10) Indicate the initial point of impact on vehicle A | 11) Visible damages of vehicle B: | 10) Indicate the initial point of impact on vehicle B |
| <div style="display: flex; justify-content: space-around;">    </div> | <div style="display: flex; justify-content: space-around;">    </div> | 11) Visible damages of vehicle B: |
| 11) Visible damages of vehicle A: | 12) Independent Witnesses (Name/Address/Tel.) | 12) Independent Witnesses (Name/Address/Tel.) |
| 12) Independent Witnesses (Name/Address/Tel.) | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A Date </div> <div style="width: 40%; text-align: center;"> Drivers' Signatures </div> <div style="width: 30%;"> B Date </div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A Date </div> <div style="width: 40%; text-align: center;"> Drivers' Signatures </div> <div style="width: 30%;"> B Date </div> </div> |

Declaration regarding Motor Vehicle Accident to EUROSURE INSURANCE COMPANY LTD

To be completed by the Insured and/or Driver and sent immediately to us with a copy of the Driving License and Vehicle Ownership Certificate. (If needed, an additional page should be used)

| | | | | | | |
|--|--|---|------------------------|-------------------------------------|--|--|
| Insured | 1. Profession (if more than one, all should be stated) | | | | | |
| Insured Vehicle | 2. Please give/confirm instructions on my/our behalf (where applicable) for repair purposes. Are you the Owner? Yes <input type="checkbox"/> No <input type="checkbox"/> - If not, state the Name and Address of the Owner | | | | | |
| | 3. Precise purpose for which the vehicle was being used at the time of the accident | | | | | |
| | 4. The vehicle is in a usable condition Yes <input type="checkbox"/> No <input type="checkbox"/> - If not, state where it is located at present Tel. | | | | | |
| | 5. Name and Address of the Financial Institution (if applicable) | | | | | |
| Driver or person who has the vehicle in his/her possession or for safekeeping (If the Insured - fill in the details accordingly) | 6. Date of Birth | Profession (if more than one, all should be stated) | | Date of acquiring a Driving License | Was the vehicle used with your consent? | Is the Driver your Employee? |
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 7. Provide details or any impairment to vision or hearing and any other form of disability | | | | | |
| | 8. Full details of all convictions regarding motor offences, including any pending Criminal Cases | | | | | |
| | Date | Offence | Penalty/Conviction | Date | Offence | Penalty/Conviction |
| | a) ..... | ..... | ..... | c) ..... | ..... | ..... |
| b) ..... | ..... | ..... | d) ..... | ..... | ..... |  |
| Passengers in | 9. Name | Address | | Age | Telephone | Details of Bodily Injuries |
| a) Insured Vehicle | ..... | ..... |  | ..... | ..... | ..... |
| | | | | | | |
| | | | | | | |
| b) Third Party Vehicle | ..... | ..... |  | ..... | ..... | ..... |
| | | | | | | |
| | | | | | | |
| Damage to property other than vehicles «A» & «B» | 10. Name and Address of Owner | Details of vehicle or property | | Nature of damage (extent) | Name / Address / Telephone of Insurance Company | |
| | | | | | | |
| Actions by Police | 11. Police: a) Yes <input type="checkbox"/> Police Station / Tel. b) No <input type="checkbox"/> Name / P.C. of Police Officer | | | | | |
| | 12. Will the offender be indicted: a) Yes <input type="checkbox"/> - Driver's Name b) No <input type="checkbox"/> - Charge(s) | | | | | |
| Details of the accident | 13. Weather condition | | | | | |
| | 14. Speed of vehicles (km/hr) | | A <input type="text"/> | B <input type="text"/> | Speed Limit | |
| | 15. Warnings given by the Driver or Third Party | | | | | |
| | 16. Road Lighting Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| | 17. Type of lights you/other vehicle were using | | | | | |
| | 18. If your vehicle is a commercial vehicle, state the weight of the cargo carried at the time of the accident | | | | | |
| | 19. State the conditions of the accident, indicating the width of the road etc. | | | | | |
| | | | | | | |
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PROTECTION OF PERSONAL DATA

In accordance with the provisions of the General Data Protection Regulation (GDPR) (EU) 2016/679 and any other relevant legislation, EUROSURE INSURANCE COMPANY LTD is the Data Controller in charge of the processing of such Personal and/or Sensitive Data. Consequently, the Company may collect and process personal data for the sole purpose of providing insurance services under the insurance agreement. The Company may transfer/process the personal data to a third party to the extent that this is required as a contractual necessity, due to legal obligations and legitimate interest.

The data will be recorded in an electronic or any other form, in one or more personal data files within the meaning of the Law, which will be held by the Company or by another affiliated company or person.

More information regarding the protection of personal data can be found in the Company's privacy notice at www.eurosure.com.

DECLARATION

I/We hereby declare that the particulars stated in this form are to the best of my/our knowledge and belief true. I/We authorize the Company and its Lawyers to undertake and perform on my/our behalf all claims and legal proceedings arising from the said incident and to make any admission they deem necessary and to adjudicate and settle such claims without further reference to me/us. I/We undertake to provide any information or assistance that may be requested by the Company and permit the use of my/our name.

Insured's Signature **Driver's Signature** **Date**