FORM

European Accident Statement

This form is used to describe how the accident happened. It does not mean that anyone admits liability. Please have it completed by both drivers.

1. Date of accident 2026-05-14

Time 17:20

2. Place Anastasioy Tsocha 43, Athina, GR

3. Injuries

Injured/slightly injured? [X] no [ ] yes

4. Material damage

to vehicles other than A and B [X] no [ ] yes

to objects other than vehicles [X] no [ ] yes

5. Witnesses (underline passengers)

Names, addresses, phone numbers Maria Dimitrioy, +30 694 100 0111

VEHICLE A

6. Policyholder/Insured (see insurance certificate)

Surname Papadopoylos

First name Giorgos

Address Anastasioy Tsocha 16, Athina

Postcode 115 21 Country GR

Phone/ email +30 694 123 4567

7.1 Motor vehicle

Make, type Toyota Yaris

Registration number IZA 4471

Country of registration GR

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Ethniki Insurance

Policy number GR-2026-551083

Green Card number GR/26/551083

Insurance certificate/Green Card valid

from 2026-01-01 to 2026-12-31

Agency (office or broker)

Name

Address Leoforos Syngrou 103-105, 117 45 Athina

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [ ] no [X] yes

9. Driver (see driving licence)

Surname Papadopoylos

First name Giorgos

Date of birth 1977-06-13

Address Anastasioy Tsocha 16, Athina

Postcode 115 21 Country GR

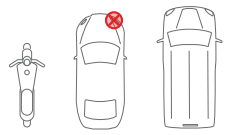
Phone/ email +30 694 123 4567, g.papadopoulos@example.com

Driving licence no. GR 4471820

Category (A,B,...) B

Licence valid until 2029-06-13

10. Indicate with an arrow the point of initial impact on vehicle A



11. Visible damage to vehicle A

14. Remarks

Dieschiza eytheia ti diastayrosi stin Anastasioy Tsocha, sti dexia lorida, me peripoy 40 chlm/ora. To ochima V irthe apo (...)

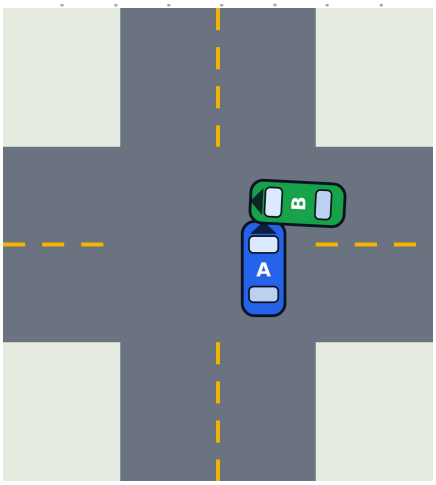
12. Circumstances

Put a cross in each box that applies, to help explain the sketch. Cross out anything that does not apply.

	A		B
01	[ ]	was parked / was stationary	[ ] 01
02	[ ]	was leaving a parking place / was opening a car door	[ ] 02
03	[ ]	was pulling into a parking place	[ ] 03
04	[ ]	was leaving a car park, private property or a track	[ ] 04
05	[ ]	was entering a car park, private property or a track	[ ] 05
06	[ ]	was entering a roundabout	[ ] 06
07	[ ]	was driving on a roundabout	[ ] 07
08	[ ]	struck the rear of the other vehicle while going in the same direction and in the same lane	[ ] 08
09	[ ]	was going in the same direction, but in a different lane	[ ] 09
10	[ ]	was changing lanes	[ ] 10
11	[ ]	was overtaking	[ ] 11
12	[ ]	was turning right	[ ] 12
13	[ ]	was turning left	[ ] 13
14	[ ]	was reversing	[ ] 14
15	[ ]	was crossing into the oncoming lane	[ ] 15
16	[ ]	was coming from the right (at a junction)	[X] 16
17	[ ]	had ignored a priority sign or a red light	[X] 17
	[ ]	Enter the number of boxes marked with a cross.	2

13. Sketch of the accident at the moment of impact

Please show: 1. the lane layout 2. the direction of travel of vehicles A and B (with arrows) 3. their position at the moment of impact 4. road signs 5. street names



Both drivers must sign. Signing does not mean admitting liability - it only confirms the personal details and the description of the accident, which speeds up the claims process.

15. Signatures of both drivers

A

B

VEHICLE B

6. Policyholder/Insured (see insurance certificate)

Surname Yvanov

First name Yvan

Address ul. Fylyp Kutev 5, Sofyya

Postcode 1700 Country BG

Phone/ email +359 88 123 4567

7.1 Motor vehicle

Make, type Opel Astra

Registration number CB 4471 KM

Country of registration BG

7.2 Trailer

Registration number

Country of registration

8. Insurance company (see insurance certificate)

Company name Bulstrad Vienna Insurance Group JSC

Policy number BG-2026-114770

Green Card number BG/26/114770

Insurance certificate/Green Card valid

from 2026-02-01 to 2027-01-31

Agency (office or broker)

Name

Address Positano Str. 5, 1301 Sofia

Postcode Country

Phone/ email

Is damage to the vehicle insured under the policy? [X] no [ ] yes

9. Driver (see driving licence)

Surname Yvanov

First name Yvan

Date of birth 1982-10-21

Address ul. Fylyp Kutev 5, Sofyya

Postcode 1700 Country BG

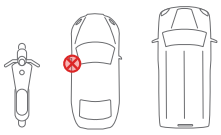
Phone/ email +359 88 123 4567, ivan.ivanov@example.com

Driving licence no. BG 5510842

Category (A,B,...) B

Licence valid until 2030-10-21

10. Indicate with an arrow the point of initial impact on vehicle B



11. Visible damage to vehicle B

14. Remarks

Pryblyzhavakh krastovyshcheto s Anastasioy Tsocha otdyasno, po vtorostepennyya pat. Vydyakh avtomobyl A (...)

Annex - additional details

14. Notes (optional) (A)

Dieschiza eytheia ti diastayrosi stin Anastasioy Tsocha, sti dexia lorida, me peripoy 40 chlm/ora. To ochima V irthe apo ta dexia kai den moy parachorise proteraiotita. Zimies sto empros dexi ftero, ston profylaktira kai ston dexio provolea.

14. Notes (optional) (B)

Pryblyzhavakh krastovyshcheto s Anastasioy Tsocha otdyasno, po vtorostepennyya pat. Vydyakh avtomobyl A tvarde kasno y ne mu dadokh predymstvo. Povredena e lyavata strana na nyvoto na prednata vrata. Pryznavam vynata sy.