

APPLICATION FOR ENQUIRY OF INSURANCE COVERAGE OF A FOREIGN VEHICLE INVOLVED IN AN ACCIDENT IN GREECE

APPLICATION FOR COMPENSATION

ACCIDENT DECLARATION

[please select]

To: MOTOR INSURERS' BUREAU – GREECE
9, Xenophontos st - 10557 ATHENS
FAX: 2103238370, e-mail: claims@mib-hellas.gr
TEL: 2103223324

1 DATA OF APPLICANT / DECLARANT

[Person that makes the application]

Name – Surname:	
Address (street & number) Town – Post code:	
E-mail:	
Fax:	
Telephone :	
Mobile Phone:	

Status of Applicant

- Legal Guardian /parent in case the Third Party is under the age of 18
- Lawyer
- Insurance agent/broker
- Insurance company
- Other person authorized by the Third Party

2 DATA OF ACCIDENT

Date of accident:	
Time of accident:	
Place of accident (town, place):	

3 DATA OF THE CLAIMANT – THIRD PARTY

[Person that suffered the damage and claims for compensation]

Same as the Applicant

<input type="checkbox"/> Other	
Name – Surname:	
Address (street & number) Town – Post code:	
E-mail:	
Fax:	
Telephone :	
Mobile Phone:	

[In case of more claimants, please fill in an additional page]

STATUS OF THE CLAIMANT:

- Owner and driver of the vehicle Passenger
 Owner of the vehicle Pedestrian
 Driver of the vehicle Other: _____

TYPE OF DAMAGE

- Material Damage To vehicle To property
 Bodily Injuries

4 DATA OF DAMAGED VEHICLE

Registration Number :	
Category of vehicle :	
Make :	
Model :	

Owners' Name & Surname :	
Drivers' Name & Surname :	
Insurers' Name :	

5 DATA OF FOREIGN VEHICLE

[In case the accident was caused by a coupled vehicle (ex. truck/ lorry and trailer) please fill in both registration numbers]

Vehicle's Registration Number:			
Category of Vehicle :			
<i>In case of truck & trailer, please fill in :</i>	Registration Number of the Front side of the vehicle:		
	Registration Number of the Back side of the vehicle:		
Country of Registration Number:			
Make :			
Model :		Color :	

Owner's Name-Surname :	
Owner's Address :	
Other contact details :	
Driver's Name-Surname :	
Driver's Owner's Address:	
Other contact details:	

Insurance coverage of the foreign vehicle

Unknown

Uninsured

Insurance Company:

Insurance Policy No.:	
Valid from – to :	
Green Card No. :	
Valid from – to :	

6 CIRCUMSTANCES OF THE ACCIDENT

Was the accident reported to the Traffic Police ?

YES

NO

Did the Traffic Police record the accident at the scene of the accident?

YES

NO

Did the Road Assistance Service record the accident?

YES

NO

Did the involved parties, fill in and sign the European Accident Declaration Form (Agreed Statement of facts)?

YES

NO

Were eyewitnesses at the place of the accident?

YES

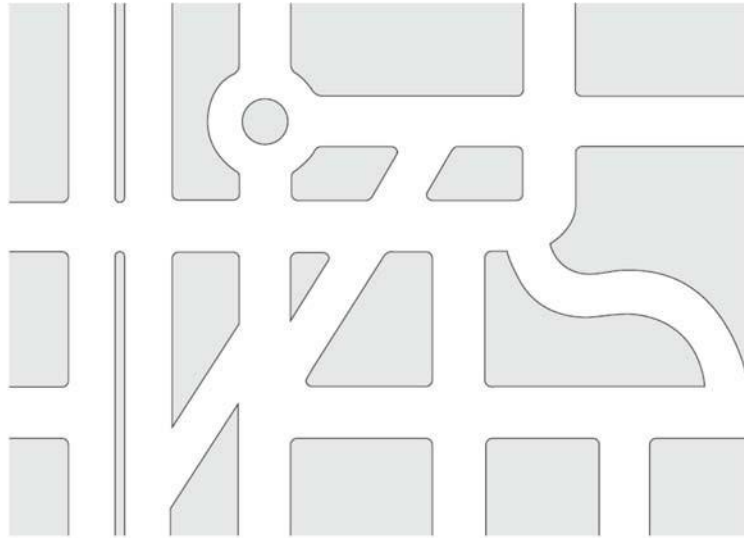
NO

Brief description of the accident

I am responsible

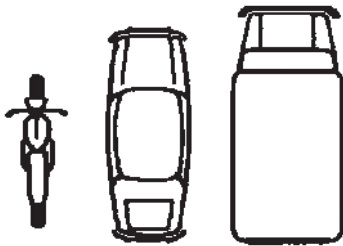
I am not responsible

Sketch

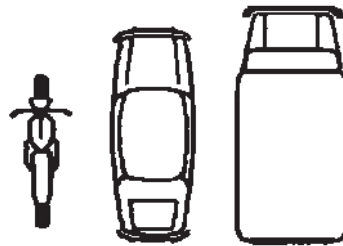


Visible damages of vehicles

Damages to the liable vehicle



Damages to the non-liable vehicle



7 PROOF OF FACTS – ATTACHMENTS

In order for the insurance coverage enquiry process to start, the submission of at least one document proving the accident occurrence is necessary.

- Traffic Police Report **Necessary if the police recorded the accident**
- European Accident Declaration Form/Agreed Statement of facts
- Accident Assistance Report
- Eyewitness Statement
- Other

Other documents

- | | |
|---|---|
| <input type="checkbox"/> Copy of the Green Card | <input type="checkbox"/> Copy of insurance policy |
| <input type="checkbox"/> Authorization | <input type="checkbox"/> Copy of Frontier Insurance |
| <input type="checkbox"/> Registration document | <input type="checkbox"/> Driving License |
| <input type="checkbox"/> Other | |

INFORMATION OF THE PERSONAL DATA SUBJECT (according to the provisions of the General Data Protection Regulation E.U. 2016/679): The Motor Insurers' Bureau-Greece ("Controller") informs you that it will process the personal data you hereby communicate to it, as well as any additional data, either provided by you later on, or obtained by third parties, natural persons or legal entities, such as other parties involved in a traffic accident foreign Motor Insurers' Bureaus, insurance or reinsurance companies, police and other public authorities and other sources, which is necessary for the processing of your submitted application and in general the fulfillment of the legal obligations of the Motor Insurer's Bureau – Greece. This data may concern including but not limited to transportation data, financial data, data connected with family, health, social welfare, penal prosecutions and court decisions. Recipients of the data, in EU countries and non-EU countries where appropriate, may be: the competent foreign Motor Insurers' Bureaus, the Greek or foreign Guarantee Fund or Compensation Body, the insurance companies involved in the claims handling, claim handling companies, experts, insurance funds, police and other public authorities within the frame of their competency.

Detailed information on the Processing of Personal Data by our Bureau is available on our website www.mib-hellas.gr.

You may, at any time, exercise your rights on your data for **access** (i.e. your information regarding which data and for which purpose we process, your data's recipients, the period for which your data is stored), **rectification** of your incomplete or inaccurate data, **erasure** of your data if its processing is not necessary, **restriction of processing** if you contest the data accuracy or for other legal reason and **objection** to the processing of your data by withdrawing your consent and we will stop the processing of your data, if there are not other compelling legitimate grounds overriding your right. For this purpose, and/or in order to obtain copy of your data, you may contact the Data Protection Officer of the Bureau on 9, Xenophontos st., in Athens, P.C. 10557, tel.: 0030-2103236562, e-mail: dpr@mib-hellas.gr and we will reply within 30 days.

CONSENT DECLARATION: Following the information granted to me as mentioned above, I declare that with the signature of the present application I explicitly give my consent for the lawful, according to the provisions of the General Data Protection Regulation, processing of my personal data by the Motor Insurers' Bureau – Greece and/or third parties acting under its mandate and on its account for the purpose of the fulfillment of its obligations according to P.D. 237/1986 and to the above stipulated.

I also declare that in case where the handling is effected in the account of the M.I.B by a contracted Agent (insurance company – member of the M.I.B.) or by a Correspondent (claims handling company appointed by the foreign insurance company), I explicitly consent that the above transfer of my data to the competent recipients is made by the Agent or Correspondent who handles the case file.

I consent

I do not consent

Finally, I explicitly consent for the transfer of my case file to the Greek Guarantee Fund for my convenience and faster processing of my case in the event that, during the handling of the case it results that the Greek Guarantee Fund is competent for my case according to law.

I consent

I do not consent

Name :

Date : **Signature of applicant/declarant**

IMPORTANT NOTICE

In case this Application is not submitted by the damaged party (data subject) itself, in order for the handling of the request to commence, it is necessary to submit the **Authorisation and Consent Declaration (attached)** of the subject the personal data of which is transferred with the present application to the M.I.B., and which will relate to their said data transfer and processing by the M.I.B. for the fulfillment of its obligations, according to the provisions of the General Data Protection Regulation (E.U. 2016/679)

To the Motor Insurers' Bureau - Greece
AUTHORISATION / CONSENT DECLARATION

The undersigned (name and surname) of (father's name), resident of (city, street, number, P.C.), with Passport Number issued in (country), with telephone number and e-mail: (if available) authorise(name and surname) of (father's name), resident (city, street, number, P.C.), with Identity Card Number/ Passport Number issued by (police authorities/country), with telephone number and e-mail: (if available) to submit instead of me and on behalf of me to the Motor Insurers' Bureau an application for:

ENQUIRY OF INSURANCE COVERAGE of the foreign vehicle with registration number and country of origin involved in an accident in Greece and/or the APPOINTED CORRESPONDENT IN GREECE of the foreign insurance company Greece.

COMPENSATION for the accident occurred on (date) at (place of accident) in which the vehicles with registration plates..... were involved

and proceed to any action instead of and on behalf of me, which is necessary towards this purpose including the transfer of the essential for my compensation personal data to the Motor Insurers' Bureau, by explicitly consenting to the said transfer and signing the present document. In addition, I declare that I became aware of the following Information for the Protection of my Personal Data:

INFORMATION OF THE PERSONAL DATA SUBJECT (according to the provisions of the General Data Protection Regulation E.U. 2016/679): The Motor Insurers' Bureau-Greece ("Controller") informs you that it will process the personal data you hereby communicate to it, as well as any additional data, either provided by you later on, or obtained by third parties, natural persons or legal entities, such as other parties involved in a traffic accident foreign Motor Insurers' Bureaus, insurance or reinsurance companies, police and other public authorities and other sources, which is necessary for the processing of your submitted application and in general the fulfillment of the legal obligations of the Motor Insurer's Bureau – Greece. This data may concern including but not limited to transportation data, financial data, data connected with family, health, social welfare, penal prosecutions and court decisions. Recipients of the data, in EU countries and non-EU countries where appropriate, may be: the competent foreign Motor Insurers' Bureaus, the Greek or foreign Guarantee Fund or Compensation Body, the insurance companies involved in the claims handling, claim handling companies, experts, insurance funds, police and other public authorities within the frame of their competency.

Detailed information on the Processing of Personal Data by our Bureau is available on our website www.mib-hellas.gr.

You may, at any time, exercise your rights on your data for **access** (i.e. your information regarding which data and for which purpose we process, your data's recipients, the period for which your data is stored), **rectification** of your incomplete or inaccurate data, **erasure** of your data if its processing is not necessary, **restriction of processing** if you contest the data accuracy or for other legal reason and **objection** to the processing of your data by withdrawing your consent and we will stop the processing of your data, if there are not other compelling legitimate grounds overriding your right . For this purpose, and/or in order to obtain copy of your data, you may contact the Data Protection Officer of the Bureau on 9, Xenophontos st., in Athens, P.C. 10557, tel.: 0030-2103236562, e-mail: dpr@mib-hellas.gr and we will reply within 30 days.

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I consent

I do not consent

Name :.....

Date :..... **Signature of applicant/declarant**