

CLAIM NOTIFICATION & AUTHORIZATION FORM

(For those that have already submitted a claim to PROMETHEUS INSURANCE COMPANY LIMITED (under Liquidation).)

I, as claimant/ authorized representative/guardian of
....., in relation to **the claim submitted to**
PROMETHEUS INSURANCE COMPANY LIMITED (under Liquidation), authorize:

- a. the Motor Insurers' Fund to contact the Administrator (Frederick David John White) to obtain all the necessary information and documents for the handling of my claim; and
- b. the Administrator to provide the Motor Insurers' Fund with all the information and documents for the handling of my claim.

I provide below contact and accident details :

Date of accident:

Claimant's name:

ID number/ Registration number (if company):

Address:.....

Telephone contact number:

E-mail:.....

Fax:

Claimant's Capacity:

- a. Pedestrian
- b. Owner of vehicle under registration number
- c. Passenger
- d. Driver
- e. Owner of other property
- f. Cyclist
- g. Other

Additional information:

Reference Number of PROMETHEUS INSURANCE COMPANY LIMITED (if known) or judgment (if exists, please attach):

Registration number of the vehicle insured with PROMETHEUS INSURANCE COMPANY LIMITED (if known:
.....

Date:

.....

Signature

***Note: According to the above Legislation, only the victims of road traffic accidents whose the liable vehicle(s) is/are normally based in the Republic of Cyprus have the right to submit a claim to the MIF.**