



ΤΑΜΕΙΟΝ ΑΣΦΑΛΙΣΤΩΝ ΜΗΧΑΝΟΚΙΝΗΤΩΝ ΟΧΗΜΑΤΩΝ
MOTOR INSURERS' FUND

DECL/FEB14

DECLARATION

I, the undersigned
from insured with
policy no. hereby declare that whilst driving the motor vehicle with
registration no., I was involved in an accident in Cyprus,
which occurred at on

As a result of this accident the following persons have claims against me in respect of ☐ personal injury / ☐ damage to property:

(1)

(2)

I also declare that according to the circumstances of the accident,

☐ I was fully responsible / ☐ I was not responsible / ☐ I was partly responsible

for the injury, damage and / or loss sustained by the above persons (s).

Witnesses

1. Name:

2. Name:

Date:

Signature: