

AVIS® Budget® ACCIDENT REPORT FORM

OLYMPIC S.A., 50^a VASSILEOS GEORGIOY STR., CHALANDRI, TEL NO: 801 500 5555 / 210 6879800 (when calling from cell phone)

ACCIDENT REPORT NUMBER	
AVIS / BUDGET STATION CODE	

AVIS / BUDGET CAR – DRIVER'S DETAILS

REG. NUMBER*	MAKE*	MODEL*	COLOR*
FULL NAME*		ADDRESS*	TELEPHONE NO*
DRIVING LICENCE NO*	CATEGORY (A, B)	BIRTH DATE	OCCUPATION*

ACCIDENT DETAILS

DATE OF ACCIDENT*	TIME*	PLACE (CITY - ADDRESS)*	POLICE*
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THIRD PARTY DETAILS

VEHICLE B			
FULL NAME*		ADDRESS	TELEPHONE NO*
REG. NUMBER*	MAKE / MODEL*	COLOR*	INSURANCE COMPANY*

VEHICLE C

FULL NAME*		ADDRESS	TELEPHONE NO*
REG. NUMBER*	MAKE / MODEL*	COLOR*	INSURANCE COMPANY*

INJURED PERSONS

FULL NAME	ADDRESS	TEL. / CELL PHONE	HOSPITAL
IN AVIS/ BUDGET CAR YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER CAR YES <input type="checkbox"/> NO <input type="checkbox"/>	PEDESTRIAN YES <input type="checkbox"/> NO <input type="checkbox"/>	

DESCRIPTION OF ACCIDENT

FOR AVIS / BUDGET USE ONLY

RENTAL AGREEMENT NO

CDW YES NO

SUPER COVER YES NO

TP YES NO

WINDSCREEN PROTECTION YES NO

PAI YES NO

SPAI YES NO

OWN INSURANCE YES NO

AVIS STAFF YES NO

DRIVER AUTHORISED YES NO

TOTAL AMOUNT CHARGED (EXCL. ADM. FEE)

ADM. FEE AMOUNT CHARGED

AVIS / BUDGET VEHICLE	THIRD PARTY VEHICLE	WAS AMICABLE SETTLEMENT FORM FILLED? YES <input type="checkbox"/> NO <input type="checkbox"/> WAS ACCIDENT CARE INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>

LOSS OF USE CHARGED FULL DAMAGE DESCRIPTION O L M H

ESTIMATED REPAIR COST

CHECK OUT STATION

CHECK IN STATION

R.S.A. CODE

STN MNG'S NAME & SIGNATURE

EXTRA DETAILS / WITNESSES DETAILS

SKETCH OF THE ACCIDENT 1) direction of the vehicles (by arrows), 2) position at the time of impact, 3) roads signs, 4) names of the streets

WHO DO YOU CONSIDER AT FAULT FOR THE ACCIDENT*

SUBMISSION DATE*

THE ACCIDENT REPORT IS CONSIDERED FINAL WHEN THE CAR IS CHECKED BY AVIS TECHNICIAN
 * ALL FIELDS MARKED WITH ASTERISK ARE MANDATORY

I ACCEPT / SIGNATURE