

To.....: Hellenic Information Centre
Subject: Provision of Insurance Details

Fields marked with (*) are mandatory.

First Name:*
Last Name:*
Address:*
Postal Code:*
Phone:*
E-mail:*

Please provide us in writing the Insurance Company and the corresponding claims representative for the vehicle with:

License Plate Number:
Country of Issue of License Plate:
Date of Accident:
Country of Accident:
Insurance Company:

I hereby declare that I have been informed about the content of the November 13, 2024, Notification on the Processing of Personal Data by the Auxiliary Fund, which is posted on the Auxiliary Fund's website at:
http://www.epikef.gr/docs/pd_ek.pdf

****Applicant's Signature****

Please select * one of the following delivery methods:

- In-person collection at the Information Centre
- By post
- By e-mail to

Pursuant to Law 489/76 (Article 27b, paragraphs 2 & 3), as currently in force, our service is required to provide information on the insurance coverage of vehicles involved in road traffic accidents to facilitate third-party claimants with a legitimate interest in pursuing their compensation claims. Additionally, the involvement of vehicles in the accident must be substantiated either by an official document (e.g., a police incident report or legal action) or through a sworn declaration by the applicant, certified by a Public Authority.