



## 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 / not / partly responsible for the injury,  
damage and / or loss sustained by the above persons (s).

## Witnesses

1. Name: .....

2. Name: .....

Date: .....

Signature: .....