# ACCIDENT NOTIFICATION & REQUEST / CLAIM SUBMISSION FORM

## 1. APPLICANT / AFFECTED PERSON DETAILS

**First Name:**
.....

**Last Name:**
.....

**ID Card / Passport Number:**
.....

**Residential Address:**
.....

**City & Postal Code:**
.....

**Country:**
.....

**Contact Telephone Number:**
.....

**Email Address:**
.....

**Applicant Capacity:**
[ ] Passenger concerned [ ] Legal Representative [ ] Heir / Relative

## 2. INCIDENT & JOURNEY DETAILS

**Ticket / Booking Number:**
.....

**Date of Accident:**
.....

**Time of Incident:**
.....

**Train Number / Service:**
.....

**Departure Station – Destination:**

.....

**Exact Location of Incident:**
e.g. On board the train, platform, station stairs

.....

**Description of Incident:**

.....

.....

.....

## 3. TYPE OF REQUEST

Please mark with an [X] the option(s) corresponding to your request. The fields appearing under each option should be completed where the relevant box has been selected.

### [ ] 1. New Accident Notification / Notice of Loss or Damage

**Date of First Medical Treatment:**

.....

**Hospital / Medical Centre:**

.....

**Description of Injury / Damage:**

.....

**Supporting Documents Attached (e.g. Medical Certificate, Ticket):**

.....

### [ ] 2. Request for Reimbursement of Expenses

**Accommodation Expenses (€) & Number of Invoices:**

.....

**Transport Expenses (€) & Number of Receipts / Supporting Documents:**

.....

**Meal Expenses (€):**

.....

**Reason & Relevant Dates:**

.....

**Receipts / Invoices Attached (Number):**

.....

## [ ] 3. Enquiry / Follow-up on the Status of an Existing Request

**Date of Initial Request:**

.....

**Specific Enquiry / Additional Information:**

.....

# 4. DECLARATION & DATA PROTECTION

I hereby declare that the information I have provided is accurate and true. I understand that my personal data will be processed by Hellenic Train solely for the purpose of handling my request, in accordance with the General Data Protection Regulation (GDPR).

**Acceptance:**

**Date of Submission:**

.....

**Applicant / Declarant Signature – Acceptance:**

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