

<b>Policy No:</b> _____	<b>Claim Ref:</b> _____	<b>Insurer:</b> _____
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- Complete sections A to H and section K when reporting an **Accident**.
- Complete sections A, C, D, H, I, J and K when reporting a **Theft, Fire or Vandalism**.

- Checklist:  Sign & return this form to Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford.
- Garda complete Section J, *where applicable*
- Provide all witness and third party information, *where applicable*
- If your vehicle is stolen and not recovered or written off, please include the Original Vehicle Licensing Certificate and all vehicle keys and return to us by registered post.

**A**

### POLICYHOLDER DETAILS

Policyholder Name: \_\_\_\_\_ Policyholder D.O.B: \_\_\_\_\_

Policyholder Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you registered for VAT? Yes  No

**B**

### DRIVER DETAILS

Drivers' Full Name: \_\_\_\_\_ Drivers' D.O.B.: \_\_\_\_\_

Drivers' Address: \_\_\_\_\_

Drivers' Occupation \_\_\_\_\_ Drivers' Telephone No: \_\_\_\_\_

**Does the Driver have a Motor Insurance Policy in their own name?** Yes  No

If "Yes", please provide the following details: Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Has the driver notified their own Insurers of this accident? Yes  No

Does the driver own the vehicle? Yes  No  Is the driver paid to drive the vehicle? Yes  No

Has the Policyholder or the driver ever had any penalty points? Yes  No

If "Yes", give details: \_\_\_\_\_

**Has the Policyholder or the driver ever been...**

- |   |  |
|---|--|
| 1. Refused motor insurance, renewal or had special terms imposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Convicted of a motoring offence?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Convicted of a criminal offence?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Involved in a previous motor accident?                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If "Yes" to any of the above, give full details: \_\_\_\_\_

\_\_\_\_\_

**C**

### DRIVING LICENCE DETAILS

Licence Type Full (Irish)  Provisional (Irish)  European  Country of Issue: \_\_\_\_\_

Licence No: \_\_\_\_\_ How long have you held this licence? \_\_\_\_\_

What category is the driver licensed to drive (*please tick all applicable*)

A  B  C  C1  D  D1  EB  EC  EC1  ED  ED1  F  G  W

D

**INSURED VEHICLE DETAILS**

Registration Number: _____	Make & Model: _____	Engine Capacity: _____cc
Estimated value at time of accident: _____	Number of Seats in the vehicle: _____	
Does the vehicle have a valid NCT / DOE certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last test: _____	
Who is the vehicle registered to? _____		
Is the vehicle subject to a hire purchase or leasing agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes", complete the following;	
Name of Hire Purchase Provider / Leasing Company : _____		
Agreement Reference Number: _____		
Was a trailer attached at the time of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
State the weight and nature of goods carried if any: _____		
Describe the damage to your vehicle: _____		
Is your vehicle still mobile? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where is your vehicle? _____	

E

**PASSENGERS IN YOUR VEHICLE**

**Were there any passengers in your vehicle?** Yes  No  If "Yes", provide details below;

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Reported Injuries? _____	Reported Injuries? _____
Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

*Please continue on a separate sheet if necessary.*

F

**WITNESS DETAILS**

Please provide details of any/all witnesses:

Name	Address	Telephone No.	Do you know this person?

G

**DETAILS OF OTHER DRIVERS, VEHICLES OR PROPERTY**

**Were any other vehicles involved in this accident?** Yes  No  If "Yes", provide details below;

Drivers' Name: _____	Drivers' Address: _____
Vehicle Registration: _____	_____
Make & Model: _____	Drivers' Telephone No: _____
Insurer: _____	Policy Number: _____

**Were there any passengers in the other vehicle?** Yes  No  If "Yes", provide details below;

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Reported Injuries? _____	Reported Injuries? _____
Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

*Please continue on a separate sheet if necessary.*

H

**ACCIDENT DETAILS**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Did your vehicle collide with a pedestrian? Yes  No  *If "Yes", provide details below;*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reported Injuries? \_\_\_\_\_ Reported Injuries? \_\_\_\_\_

*Please continue on a separate sheet if necessary.*

Was he / she on a pedestrian crossing? Yes  No  Was there a crossing nearby? Yes  No

Did an ambulance or other emergency medical personnel attend? Yes  No

How fast were you driving? \_\_\_\_\_ What was the speed limit? \_\_\_\_\_

Describe the road conditions at the time: \_\_\_\_\_

Was the incident reported to An Garda Síochana? Yes  No  *If "Yes", give details below;*

Garda Name: \_\_\_\_\_

Garda Station: \_\_\_\_\_

Did the Garda witness the accident? Yes  No  Did they see the vehicles before they were moved? Yes  No

Have you provided or have you been asked to provide a written statement to An Garda Síochana? Yes  No

Have you been notified or are you aware of any Garda prosecutions resulting from this incident? Yes  No

*If "Yes", provide details:* \_\_\_\_\_

Had you consumed any alcohol or drugs prior to driving your vehicle on this occasion? Yes  No

Were any persons breathalysed by Gardaí? Yes  No  *If "Yes", give details:* \_\_\_\_\_

**Written Description of Incident** – *Please give as much information as possible to help us assess liability. Please confirm exactly how the incident happened and confirm details of all damaged property.*

**Please provide a sketch of the incident and include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact.**

**In your opinion, who is to blame for this incident and why:**

# Motor Incident Report Form

I

## FIRE, THEFT OR VANDALISM

Fire

Theft

Vandalism

**Date and time of loss:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location vehicle was found: \_\_\_\_\_

**Date and time somebody was last with the vehicle:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location vehicle was left: \_\_\_\_\_

In case of theft, has the vehicle been found? Yes  No  If "Yes", where is it now: \_\_\_\_\_

Was the vehicle locked? Yes  No  Was the alarm on? Yes  No  N/A

Did the vehicle have any previous damage? Yes  No  If "Yes", give details: \_\_\_\_\_

Was the immobiliser on? Yes  No  N/A  How many sets of keys did you have? \_\_\_\_\_

Do you know of any witnesses? Yes  No  If "Yes", provide details: \_\_\_\_\_

Name	Address	Telephone No.	Do you know this person?

Was the incident reported to An Garda Síochana? Yes  No  If "Yes", give details below;

Garda Name:	Garda Station:
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Did the Fire Brigade attend? Yes  No  If "Yes", give details below;

Name of Station:	Number of Units:
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Mileage on vehicle at time of loss: \_\_\_\_\_ Kms  Miles

**Written Description of Incident** – Please give as much information as you know about this incident:

J

## REPORTING TO AN GARDA SÍOCHANA

This is to certify that: \_\_\_\_\_ (Person's name)

Of: \_\_\_\_\_ (Person's address)

Reported to this station on the undernoted date the loss of or damage to the property described in Section I above:

Date Reported: \_\_\_\_\_ To your knowledge is any person likely to be charged? Yes  No

The interest of Patrona Underwriting Limited has been noted

Garda Name:	Station Stamp
Garda Signature:	
Pulse ID:	

K

## DECLARATION

I/We declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance in my/our power in dealing with the matter. I/We understand that the information given on this form may be submitted to solicitors appointed by Patrona Underwriting Limited, for use in connection with any claim, litigation or threat thereof arising out of this incident.

Signed: ✖	Date:
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Please return to Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford