

MOTOR ACCIDENT REPORT FORM

Policyholder		Policy Number	
Address			
		Postcode	
Email Address		Mobile No	
Telephone No		Fax No	
Occupation/Business			
Are you registered for VAT?		If "Yes"- Vat No:	

Person Driving or Person last in charge of the vehicle at the time of incident		
Name	Occupation	Date of Birth
Address		
State type of licence held: Full or Provisional		
Licence Number	Categories	Expiry Date
Give details of any separate Motor Insurance covering the driver involved in the incident		
Give details of all motoring convictions or prosecutions pending (i.e. charge: date: penalty)		
Give details of all accidents or losses in the last three years		
If the driver has ever been refused insurance, had insurance cancelled, been refused renewal or had special terms imposed, please give details		
Give details of any impairments that may alter the drivers ability to drive		

Vehicle Details		
Make/Model	Year of Make	Reg No
Type of body & no. of seats	Commercial Vehicle Gross Vehicle Weight	
Policyholder's value of vehicle	For what purpose was the vehicle being used?	
If goods were being carried for business purposes please state below the nature of the load and the name and address of the owners of the load		
How many passengers were being carried?		
Details of any Towing Unit/Trailer (if applicable)		
Make /Model and Year of Manufacture/Value of Towing Unit/Trailer		

Damage to the Insured Vehicle	
Full details of damage	
Is the vehicle still in use (i.e. mobile and road-worthy)?	Estimated cost of repairs €
When and where can the vehicle be examined? (please include phone number if possible)	

Passengers in your vehicle (continue on separate sheet if necessary)		
Please confirm the names, addresses and telephone numbers of all passengers in your vehicle		
Witnesses (continue on separate sheet if necessary)		
Please confirm the names, addresses and telephone numbers of all independent witnesses of the accident		
Other Parties Involved (continue on separate sheet if necessary)		
Name & Address of Driver		
Name & Address of Owner	Telephone No.	
Vehicle make/model	Registration No.	
Damage/point of impact	Name, address & Policy No of Insurers	
Number of occupants		
Name & Address of injured persons		
Were the injured parties vehicle driver, passengers, pedestrians or cyclist?		
Were seat belts fitted to all vehicles?	If "Yes" were they in use at the time of the incident?	
Please confirm details of all apparent injuries		
Taken to hospital?	Hospital Attended?	Detained?
Immobile Property Damage: Name & address of owner & extent of damage caused		
Were either party towed from the roadside/removed on a car carrying vehicle/trailer?		

Notice & Declaration (please read carefully)

Notice: *Insurers exchange information with other Insurers and other organisations through various databases. The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We may then pass information relating to this incident to the other databases.*

Declaration: *I/We hereby declare that the above information and statements are true to the best of my/our knowledge and belief, and request that you deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions in the policy. I/We understand that you may ask for information from other Insurers to check the answers I/We have provided. No other insurance is in force and I/We will render every assistance required by the Underwriters.*

Policyholder's or Company Official's Signature

Date

PLEASE FORWARD ANY THIRD PARTY CORRESPONDENCE UNANSWERED

Any additional information should be placed below

ATTACH ANY PHOTOS OF INCIDENT