



*KENNCO Underwriting is regulated by the Financial Regulator.*

Please answer all questions fully, where applicable.

# Incident Report Form

**Broker Details:**

## 1. INSURED DETAILS

|                                                                                            |                                                                                             |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Full Name</b>                                                                           | <b>Policy Number</b>                                                                        |
| <b>Address</b>                                                                             | <b>Home Telephone</b>                                                                       |
|                                                                                            | <b>Work Telephone</b>                                                                       |
|                                                                                            | <b>Driving Licence: Full / Prov</b>                                                         |
|                                                                                            | <b>Categories</b>                                                                           |
| <b>Address: (Business)</b>                                                                 | <b>Licence Number</b>                                                                       |
|                                                                                            | <b>Expiry Date</b>                                                                          |
| <b>Date of Birth</b>                                                                       | <b>Copies of Licenses Attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>All Occupations (Full &amp; Part Time)</b>                                              |                                                                                             |
| <b>Are you registered for VAT</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                             |

## 2. DETAILS OF ACCIDENT

**Date**     **Time**  am/pm    **Weather Conditions**

**Road Conditions**     **Width of Road**

**Accident Location (Road, Town/County)**

|                                     | INSURED VEHICLE | THIRD PARTY VEHICLE |
|-------------------------------------|-----------------|---------------------|
| Speed of Vehicle prior to Accident? |                 |                     |
| Distance from nearside Kerb?        |                 |                     |
| What lights were Displayed?         |                 |                     |
| What Signals were given?            |                 |                     |
| What warnings were given?           |                 |                     |

|                                                                     |  |            |  |           |
|---------------------------------------------------------------------|--|------------|--|-----------|
| Were Alcohol/Drugs in any way a contributing factor to the accident |  | <b>Yes</b> |  | <b>No</b> |
| If 'YES' give details.                                              |  |            |  |           |

|                                              |  |            |  |           |
|----------------------------------------------|--|------------|--|-----------|
| Was the driver's view obstructed in any way? |  | <b>Yes</b> |  | <b>No</b> |
| If 'YES' give details.                       |  |            |  |           |

|                                                |                          |     |                          |    |
|------------------------------------------------|--------------------------|-----|--------------------------|----|
| Was (were) any third party vehicle(s) damaged? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|------------------------------------------------|--------------------------|-----|--------------------------|----|

If 'YES' please describe the damage

|                                                        |                          |     |                          |    |
|--------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Do you consider yourself responsible for the accident? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------------------------------------|--------------------------|-----|--------------------------|----|

|                                             |                          |     |                          |    |
|---------------------------------------------|--------------------------|-----|--------------------------|----|
| Did any party admit liability at the scene? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------------|--------------------------|-----|--------------------------|----|

|                               |                          |     |                          |    |
|-------------------------------|--------------------------|-----|--------------------------|----|
| Were the Gardai at the scene? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------|--------------------------|-----|--------------------------|----|

|                                                 |                          |     |                          |    |
|-------------------------------------------------|--------------------------|-----|--------------------------|----|
| If no, was the incident reported to the Gardai? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------------------|--------------------------|-----|--------------------------|----|

If 'YES' please advising reporting Garda's Name and Garda Station

|                                                       |                          |     |                          |    |
|-------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Was any person other than the insured driver injured? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------------------------|--------------------------|-----|--------------------------|----|

Please describe in detail exactly what happened and give your opinion as to who was responsible and why.

Sketch Plan ~ Please provide a clear sketch of the accident scene. Where possible include details of the road, road markings, road signs, vehicle involved and the direction of the vehicle. Show your vehicle as 'A'.

Please advise details of all witnesses including passengers, pedestrians, etc

| NAME | ADDRESS | AGE | PHONE No. | DRIVER / PASSENGER/ETC |
|------|---------|-----|-----------|------------------------|
|      |         |     |           |                        |
|      |         |     |           |                        |
|      |         |     |           |                        |
|      |         |     |           |                        |

**3. PERSON DRIVING (In the event of FIRE & THEFT give details of person last in charge)**

Full Name

Policy Number

Address

  
  
  


Home Telephone

Work Telephone

Driving Licence: Full / Prov

Categories

Address:  
(Business)

  


Licence Number

Expiry Date

Date of Birth

All Occupations (Full & Part time)

Relationship of driver if other than insured

Spouse

Child

Parent

Friend

Employee

Others

Did the driver have the policyholder's permission to drive the vehicle

Yes

No

State the purpose for which the vehicle was being used. (Terms such as social, domestic & pleasure are not sufficient)

Was the driver separately insured under any Motor Policy at the time of this accident

Yes

No

If 'YES', give name and address of Insurance Company along with the policy number.

Have you or the driver ever been convicted of any offence or incurred a fine?

Yes

No

Have you or the driver ever been involved in any other accident?

Yes

No

Is the driver the main user of the vehicle?

Yes

No

Have you or the driver ever been refused insurance, had insured cancelled, Been refused renewal or had special terms imposed?

Yes

No

Does the driver suffer from diabetes, epilepsy, heart condition or any other medical condition?

Yes

No

If yes, please give details

**4. DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME**

| Registration Number | Year of Make | Make & Model | CC | Est. Value |
|---------------------|--------------|--------------|----|------------|
|                     |              |              |    |            |

Is the vehicle owned by the insured?

Yes

No

Is the vehicle registered in the insured's name?

Yes

No

If 'NO' please give details of the owner / registered keeper:

Does any financial institutions or hire purchase company have an interest in the vehicle?

Please describe the damage to your vehicle:

Please advise where the vehicle may be inspected?

Tel.

**5. DETAILS OF OTHER VEHICLE(S) OR PERSONS INVOLVED**

|                         |  |  |  |
|-------------------------|--|--|--|
| <b>Name of Owner</b>    |  |  |  |
| <b>Address</b>          |  |  |  |
| <b>Name of driver</b>   |  |  |  |
| <b>Vehicle Reg No.</b>  |  |  |  |
| <b>Make &amp; Model</b> |  |  |  |
| <b>Extent of Damage</b> |  |  |  |
| <b>Insurance Co</b>     |  |  |  |
| <b>Policy No.</b>       |  |  |  |

**Persons Injured**

|                       |  |  |  |
|-----------------------|--|--|--|
| <b>Name</b>           |  |  |  |
| <b>Address</b>        |  |  |  |
| <b>Age</b>            |  |  |  |
| <b>Occupation</b>     |  |  |  |
| <b>Injury Details</b> |  |  |  |

Were seatbelts worn?    Yes     No                       Yes     No                       Yes     No

Hospitalised?            Yes     No                       Yes     No                       Yes     No

|                         |  |  |  |
|-------------------------|--|--|--|
| <b>Name of Hospital</b> |  |  |  |
|-------------------------|--|--|--|

**6. FIRE / THEFT ~ complete A or B as applicable & C**

**A. IF FIRE**

|                                            |  |              |  |       |
|--------------------------------------------|--|--------------|--|-------|
| <b>State date:</b>                         |  | <b>Time:</b> |  | am/pm |
| <b>State Cause of Fire:</b>                |  |              |  |       |
| <b>Address of Fire Brigade attended:</b>   |  |              |  |       |
| <b>Where can the vehicle be inspected?</b> |  |              |  |       |
| <b>Extent of Damage:</b>                   |  |              |  |       |

**B. IF THEFT**

|                                                                     |                              |                             |       |
|---------------------------------------------------------------------|------------------------------|-----------------------------|-------|
| State date vehicle was left                                         |                              | Time                        | am/pm |
| State date that vehicle was discovered missing                      |                              | Time                        | am/pm |
| State date vehicle was recovered (if applicable)                    |                              |                             |       |
| And by whom?                                                        |                              |                             |       |
| Where can the vehicle be inspected?                                 |                              |                             |       |
| Was the incident reported to the Gardai?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| If No please advise why?                                            |                              |                             |       |
| If Yes please advise reporting Garda's name and address of station: |                              |                             |       |
|                                                                     |                              |                             |       |
| What precautions were taken to prevent the theft                    |                              |                             |       |
| Where exactly were the keys at the time of the                      |                              |                             |       |
| Your estimate of current value                                      | €                            |                             |       |

**B. DESCRIPTION OF INCIDENT**

Describe fully ~ How the Fire / Theft occurred

State ~ Names and addressed of any Persons having knowledge Of the loss circumstances.

Have the Gardai apprehended any Persons in connection with this Incident?  Yes  No

If 'YES' please give full details

**IF THE VEHICLE REMAINS MISSING AFTER 14 DAYS, PLEASE FORWARD**

- |                                                                                  |                                        |
|----------------------------------------------------------------------------------|----------------------------------------|
| 1. Vehicle Registration Document or Tax Book                                     | 5. Full Service History (If available) |
| 2. Certificate of Insurance and items missing                                    | 6. Purchase receipts for the vehicle   |
| 3. Vehicle Keys (including spare sets)<br>Value and condition of Vehicle         | 7. Any other documents to establish    |
| 4. Vehicle alarm control and / or immobiliser<br>Keys (including all spare sets) |                                        |

**THIS FORM MUST BE COMPLETED BY THE GARDA SIOCHANNA AND RETURNED TO US WITHIN FORTY EIGHT (48) HOURS NOTIFICATION TO 'AN GARDA SIOCHANA'**

I / We wish to confirm the Theft / Loss of the Undernoted property valued at approximately €  from (Address / Scene)

On (Date)

| Reg. No | CC | Fuel Type | Make | Year | Make & Model | Mileage at Date of Loss |
|---------|----|-----------|------|------|--------------|-------------------------|
|         |    |           |      |      |              |                         |
|         |    |           |      |      |              |                         |

**CERTIFICATION TO BE COMPLETED BY AN GARDA SIOCHANA TO KENNCO UNDERWRITING LTD.**

This is to certify that (full name)

Of (address)

Reported to this station on this date the Theft / Loss of:

We have noted for our records the interest of KennCo Underwriting Ltd, in this property.

Signed

Dated :

Please stamp this form ↓

Garda Station Address

**STAMP**

**DECLARATION**

**I/WE DECLARE that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects, and request you to 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 authorise you and/or your Solicitor on my/our behalf to make such admissions and settlements, and give such consents as you may consider necessary for the disposal of such claims or any litigation.**

Signature of Policyholder

Date

Signature of driver

Date

**BROKER USE ONLY**

ALL QUESTIONS HAVE BEEN ANSWERED FULLY

COPIES OF DRIVERS LICENCE ATTACHED

## 7. ADDITIONAL INFORMATION

### IMPORTANT NOTICE

1 ) If you require information on how to make a claim, or if you require assistance in completing forms please contact our claims department at 499 4600. In the event of an injury please log on to the Injuries Board website at [www.injuriesboard.ie](http://www.injuriesboard.ie)

2) While we use external engineers, you may at any stage of the process, appoint your own engineer or loss adjuster, at your own expense

3) In the event you are unhappy with any aspect of the claim settlement process you may submit a complaint to the Managing Director, KennCo Underwriting Ltd, or refer to your Policy booklet for full details of the appeals mechanism.

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