



MOTOR ACCIDENT REPORT FORM

Policyholder		Policy Number	
Address			
		Postcode	
Email Address		Mobile Tel No	
Telephone Number		Fax No.	
Occupation / Business			
Are you registered with Customs & Excise as taxable for vat?		If partially exempt what % can you reclaim?	

THIS SECTION MUST BE COMPLETED IN FULL		Please give full details of the last person to drive the vehicle	
Name	Occupation	Date of Birth	
Address			
State class of licence held & date of passing driving test for vehicle involved in the incident			
Licence number	Groups	Expiry Date	
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			
Give details of any physical defect, infirmity, defective vision or hearing			

Vehicle details			
Make / Model	Year of make	Reg. no.	
Type of body and no. of seats	Commercial vehicle Gross Vehicle Weight (GVW)		
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 and Model and Year of Manufacture/ Value			
How many passengers were being carried?			

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 provide a phone number if possible)			

Please note that if the damage to your vehicle is covered under the policy and the vehicle is considered beyond economical repair it is likely to be moved to free and safe storage to avoid unnecessary storage charge Any objection to this should be raised at this time. Any personal effects should be removed from the vehicle immediately.

In your opinion who is to blame for the accident and why?	
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Passengers in your vehicle continue on separate if necessary
Please confirm the names, addresses and telephone numbers of all passengers in your vehicle

Witnesses continue on separate if necessary
Please confirm the names, addresses and telephone numbers of all independent witnesses to the incident

Other parties involved. Please confirm the names, addresses and tel. no's of all other parties involved (continue on a separate sheet if necessary)			
Name & address of driver			
Name & address of owner		Telephone number	
Vehicle make / model / registration no.		Vehicle colour	
Damage / point of impact		Number of occupants	
Name, address, policy no. of Insurers			
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?
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Immobile Property Damage: Name & address of owner & extent of damage caused	
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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. 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	
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Any additional information should be placed on the next sheet.

PLEASE USE FOR ANY ADDITIONAL INFORMATION YOU FEEL NECESSARY.

Policyholder's or Company Official's Signature		Date	
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