

Motor Incident Report Form

Motor Claims

Claim No.

Please complete this form fully and return it to Allianz as soon as possible. Please note that the issue of this form is not an admission of liability on the part of the Company and that all claims are subject to Policy terms and conditions.

BEFORE COMPLETING THIS FORM, PLEASE SEE INSTRUCTIONS BELOW. PLEASE USE BLOCK CAPITALS.

Instructions

1. This form should be completed by the policyholder.
2. In the event of an **accident** please complete all sections except section 8.
3. In the event of a **theft** please complete sections 1, 2, 3, 8, 10 and 11, only.
4. In the event of **windscreen breakage** please complete sections 1, 2, 3, 10 (include date of breakage) and 11 only.
5. It is essential that this form be properly completed, signed and dated.
6. If you are so entitled and are claiming for damage to your own vehicle please forward a detailed estimate without delay.
7. Any claim will be handled in accordance with the scope of the cover granted by your Policy.

Type of Cover (please tick):

Comprehensive
 Third party fire & theft
 Third party only

Type of Claim (please tick):

Accident
 Theft/Attempted Theft
 Windscreen

1. Policyholder Details

Name:

Address:

Date of Birth: / /

Policy Number:

Date of last premium payment: / /

Occupation:

Telephone No: Home:

Work:

Mobile:

Email:

Are you registered for VAT? Yes No If 'YES', state registered number:

2. Vehicle Details

Registration No.:

Make:

Model:

H.P./C.C.:

Year of manufacture:

Was there a trailer attached at the time of the accident? Yes No

State the weight and nature of goods carried, if any:

To what extent has the vehicle been damaged?

Where may the vehicle be inspected?

In whose name is the vehicle registered?

Is the vehicle solely owned by the registered owner? Yes No

If 'NO', give details:

Does any financial institution or hire purchase company have an interest in the vehicle? Yes No

If 'YES', give name and address:

3. Person Driving (In the event of theft give details of the person last in charge of the vehicle)

Name: _____

Address: _____

Date of Birth: ____/____/____

Occupation: _____

Licence Number: _____

Type of Licence: Full Provisional

Date first issued if Provisional: ____/____/____

Date test passed if Full: ____/____/____

Licence operative from: ____/____/____

Number of Penalty Points e.g. 0, 2, 4, etc. ____

Did the driver have the policyholder's permission to drive the vehicle? Yes No

For what purpose was the vehicle being used?

Was the driver separately insured under any other motor policy? Yes No

If 'YES', give name of insurance company and policy number: _____

State relationship of the driver to the policyholder (Family, Employee etc):

Does the driver suffer from any physical or mental disabilities? Yes No

If 'YES' please give details: _____

Has the driver ever been:

(i) Refused motor insurance, renewal, or had special terms imposed? Yes No

(ii) Convicted of a motor offence? Yes No

(iii) Involved in a previous motor accident? Yes No

If 'YES', to (i), (ii) or (iii) above, please give details: _____

4. Accident Details

Location: _____

Date: ____/____/____ Weather Conditions: _____

Time: _____ am/pm Road Conditions: _____

Speed Limit: ____ km/hr Lighting Conditions: _____

Speed before impact: Insured: ____ km/hr Third Party: ____ km/hr Visibility Conditions: _____

Speed at impact: Insured: ____ km/hr Third Party: ____ km/hr Width of Road: _____

Name of station and Garda/Police Officer to whom the accident was reported?

Were alcohol/drugs in any way a contributing factor to the accident? Yes No

If 'YES', give details: _____

Was the driver's view obstructed in any way? Yes No

If 'YES', give details: _____

How far away was the other party when first seen by the driver? _____

What signals were given? Insured: _____ Third Party: _____

(Horn/hand/indicators/lights)

Has a notice of intention to prosecute been given or summons received? Yes No

If 'YES', give details: _____

5. Other Vehicle(s) or Property Involved

	1.	2.	3.
Name of owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of owner:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Vehicle Registration:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of Damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Person(s) Injured

	1.	2.	3.
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
State if driver/passenger/ pedestrian/cyclist etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
In which vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was a seat belt in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Witness(es) Details

	1.	2.	3.
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
State if passenger/ pedestrian/etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If passenger, state in which vehicle:	<input type="text"/>	<input type="text"/>	<input type="text"/>

8a. Theft Details

Date vehicle left unattended: <input type="text"/> / <input type="text"/> / <input type="text"/>	Mileage at time of loss: <input type="text"/>
Time vehicle left unattended: <input type="text"/> am/pm	Date vehicle purchased: <input type="text"/> / <input type="text"/> / <input type="text"/>
Date loss discovered: <input type="text"/> / <input type="text"/> / <input type="text"/>	Purchase price: € <input type="text"/>
Time loss discovered: <input type="text"/> am/pm	Your estimate of current value: € <input type="text"/>

How was the vehicle secured prior to the theft?

Name of station and Garda/Police Officer to whom theft was reported.

Detail any marks, damage or other special features which would help establish the identity of the vehicle.

Detail any property stolen from the vehicle, including age and value

List any major parts which have been renewed in the last 12 months (attach invoices where possible).

List any 'extras' fitted to the vehicle.

Data Protection Acts – collection and use of personal information

The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly.

- **USES.** Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.
- **DISCLOSURE.** We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.
- **SENSITIVE DATA.** We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to administer your claim. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).
- **RETENTION.** Under the Consumer Protection Code we are obliged to retain your records for 6 years from the date your claim is settled. In certain circumstances we will retain your information for longer periods if this is required under specific insurance legislation.
- **CONSENT.** By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).
- **CALL RECORDING.** Calls may be recorded or monitored for regulatory, training and quality purposes.

11. Declaration

I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured party.

Signature of Policyholder  _____ Date / /

IMPORTANT

Any letter, claim, writ, summons or other document received in relation to an accident should immediately be sent to Allianz unanswered.

Please return completed form to:

Allianz p.l.c.,

Allianz House, Elmpark, Merrion Road, Dublin 4.

Telephone: (01) 1890 779999 Fax: (01) 613 4444 Email: info@allianz.ie Website: www.allianz.ie

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