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Motor Accident Report Form



Claim reference:

Policy number:

Claim handler:

A	Insured Driving			
	Name		Date of birth	
	Address		Phone - business	
			Phone - home	
			Occupation	
	How long have you held a licence?		Full or Provisional?	
	Are you registered for VAT?		VAT registered no	
	Have you ever been convicted of a motoring offence?			
	Have you been involved in any motor accident in the last five years?			
	Are you insured under any other motor policy?			
If the answer to any of these is "Yes", please give details				

B	Your Vehicle		Make & model	Cubic capacity	Year	Registration number
	How long has the vehicle been registered in your name?					
	What was the vehicle being used for at the time?					
	Please provide details of any goods being carried					
	Was a trailer attached?					
	What damage was done to your vehicle?					
	Is the vehicle subject to a lease hire agreement?					
Names and addresses of any passengers in your vehicle						

C	Other Party					
	Registration number		Make		Type of vehicle	
	Owner name and address					
	Driver (if owner not driving)					
	Insurance company			Policy number		
	Condition of vehicle before accident					
	Has a claim been made against you?					

D

Injuries		Please state each persons' involvement in the accident (eg "passenger in my car", "pedestrian," etc) If nobody was injured in the accident please enter "None" here		
Name	Involvement in accident	Nature of injury	If the person was hospitalised, which hospital?	If in a vehicle, was a seat belt worn?

E

Accident Details		Date:		
Location:				
Speed of your vehicle immediately before impact:			Speed of your vehicle at impact:	
Was the horn of your vehicle sounded?			Was the horn of the other vehicle sounded?	
Width of road:		Road markings:		Road signs:
Driving conditions:		What lights did you have on?		
What was the position of your vehicle on the road at impact?				
Please give a full description of the accident:				
Who do you consider to be at fault and why?				

F

Sketch of Accident	
Before the accident	After the accident

G

Witnesses & Gardai		1. Passengers in your vehicle, already listed previously	
2. Gardai - Did they take details?			
If so, which Garda station?			
Did they see the vehicle(s) before they were moved?			
3. Other witnesses - names and addresses:			

DATA PROTECTION Hibernian Aviva General Insurance Ltd. ("we", "us" or "our"), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Hibernian Aviva companies and sometimes with our affiliates and/or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Hibernian Aviva companies' records. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by the Irish Insurance Federation for the purpose of sharing of information among insurance companies as a check against non-disclosure From time to time, we may record your telephone calls for verification and training purposes

If you would like a copy of the details we hold about you, please write to the Regulation and Compliance Manager, Hibernian Aviva General Insurance Ltd., One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

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Important: Some of the questions on this form may ask for details about your health and convictions and the health and convictions of third parties material to this risk - please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

Declaration I confirm:

1. That I am giving my permission for information provided in this form to be used for the purposes set out in the Data Protection section above.

2. I have read all the answers to the questions on this form and declare them to be true and accurate in every respect. I hereby leave in the hands of Hibernian Aviva, in accordance with the conditions of the policy, the conduct and settlement of all claims and litigation arising out of this incident and to which this policy applies as they think fit and without reference to me. I also undertake to render all assistance in my power to Hibernian Aviva in the handling of this claim

Signature of Policyholder Date



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