



Wrightway Home Protector Incident Report Form

Please return this form to your broker or to:

Wrightway Underwriting Ltd
Limekiln House, Drinagh, Wexford
Tel: 053 9167100
Fax: 053 9143968

Policy number: **Claim number:**

This form should be filled in by the person named as the 'Policyholder' on the policy schedule.

- **For all claims please fill in parts A, B and C.**
- **also**, for a burglary claim, fill in parts D and E;
- **and** for claims under the All Risks & Pedal Cycles section of the policy, fill in parts E and F;
- **and** if you are claiming for broken glass, fill in part G (if glass broken as a result of theft or attempted theft please have part E completed by the Garda).
- For employer liability and public liability type incidents please fill in parts A, H and I

Part A – Policyholder’s details

Your name: _____

Address: _____

Your e-mail address (if any): _____

Your occupation: _____

Phone numbers: Daytime: _____ Evening: _____ Mobile: _____ Fax: _____

Are you registered for VAT? Yes No

Part B – Details

1. Describe how the loss occurred (please use separate sheet for full description): _____

2. Date: _____ Time: (am/pm) _____

3. Does anyone else own any of the property this claim relates to? Yes No If yes, give details below: _____

4. Does any other insurance policy cover the property you are claiming for? Yes No If yes, give details below: _____

Name of insurer: _____ Policy number: _____

Insurers address: _____

5. Have you ever suffered loss or damage that would have been covered by this policy or have you claimed against any insurer for any of the risks covered by this policy before? Yes No If yes, give details below: _____

Part C – Description of property lost, stolen or destroyed

Fill in the table below. In order to fill in the 'Amount claimed' column you should get estimates for repairs and replacements.

Description of property	When and where you bought it	Price you paid	Amount claimed
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
	Total	€	€

If necessary use a separate page to list further items.

Part D – Burglary details

Fill in this part if you are claiming for loss and damage after a burglary.

- 1. How were the premises entered? _____
- 2. Who discovered the loss? _____
- 3. Were the premises being used or lived in at the time of the loss? _____
- 4. If not, when were they last used or lived in? _____

Part E – Reporting to the Garda Siochana

Fill in this part with the Garda Siochana.

I am reporting the theft or loss of the property set out in this form

From (exact location): _____

On (date & time): _____

The property is valued at approximately: € _____

Certificate to be filled in by the Garda Siochana.

This is to certify that: _____ (person's name)

of: _____ (person's address)

reported the theft or loss of: (if more than one item attach separate list) _____ (property)

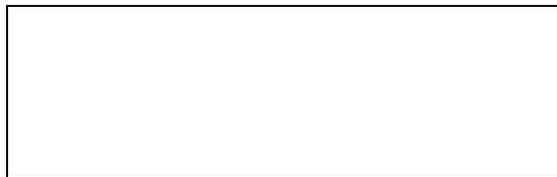
to this station: _____

In our records we have made a note of Wrightway Underwriting Ltds interest in this property.

Garda's Signature: _____ Date: _____

Garda Station: _____

Please stamp this form



Part F – All Risks & Pedal Cycles

Fill in this part if you are claiming for an item covered under the All Risks / Pedal Cycles Section of your policy.

1. Was the item: Stolen? _____ Lost? _____ Damaged? _____

2. When and where did you last see the property? _____

3. If you are claiming under the Unspecified Section part of the All Risks Section, please tell us the following:

Are these items covered elsewhere by a different policy? _____

4. Did you report the theft, loss or damage to the Gardai? Yes No

5. If so, have part E completed.

Part G – Glass claim

Fill in this part if you are claiming for broken glass.

1. In the space below, give details of the size and the description of the glass broken: _____

2. Where was the glass? (For example, in the window, in the door, display cabinet and so on.) _____

3. Name and address of the person who broke the glass: _____

4. Is this person employed by you in your home? Yes No

5. Does the glass need to be replaced immediately? Yes No

Part H – Liability Incident (Employer/Public Liability)

Please tick one of the following: Employer Liability claim? Public Liability claim?

Date and time of incident: _____

When was incident first notified to you? _____ By whom? _____

State fully what happened: _____

(continue on separate sheet if necessary)

Who do you consider to be responsible for this incident and why? _____

State names and addresses of all witnesses:

_____	_____
_____	_____
_____	_____

What plant or equipment, if any, caused the accident? (Any broken plant or equipment must be kept in a safe place)

Details of injury or damage caused: _____

State name/address of any doctor who may have attended injured persons: _____

If removed to hospital, give name and state if detained: _____

Name and address of claimant: _____

Part I – Declaration

I declare that, as far as I know, the information I have given is true. I authorise you, and any solicitor you appoint to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

Date: _____ Signature: _____

Important – Check List

- Have you completed all sections relevant to your claim?
- Have you signed and dated the claim form?
- Have you attached where relevant quotations, purchase invoices, repair and replacement receipts and, in the event of loss of valuables, i.e. jewellery photographic evidence?
- In the event of a claim being made against you have you attached all third party correspondence?

PLEASE SEND THIS FORM AND ALL ACCOMPANYING DOCUMENTATION EITHER TO YOUR INSURANCE BROKER OR DIRECT TO CLAIMS DEPARTMENT AT WRIGHTWAY UNDERWRITING LTD. ON BEHALF OF BEAZLEY FURLONGE LTD AT LLOYD'S.

DATA PROTECTION

Wrightway Underwriting Limited ("Wrightway") will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us and our partners (both inside and outside the European Economic Area) for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention).

We may share with our agents and service providers, 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 the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Wrightway Underwriting Limited, Limekiln House, Wexford. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Wrightway Underwriting Limited.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.wrightway.ie or requested by writing to our Data Protection Officer at Wrightway Underwriting Limited, Limekiln House, Wexford.