

Motor Incident Claim Form



Policy Number

Claim Number

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

- For accident reporting, please complete all sections on this form where applicable, excluding sections **I** and **J**
- For fire/theft incidents, please complete all sections on this form where applicable, excluding sections **F** and **G**

Note:

Please complete in
BLOCK CAPITALS

A. Policyholder's Details

Title (Mr, Mrs, Miss etc.)

First Name

Surname

Date of Birth

Company Name (if applicable)

Postal Address

Occupation

Telephone (Home)

Telephone (Work)

Mobile Phone

Email

B. Insured Vehicle (continued overleaf)

Vehicle registration number

Year of manufacture

Make

Model

Engine Size

Number of seats in the vehicle

Has the vehicle passed the NCT

Yes

No

If so, when

Are you registered for VAT?

Yes

No

Are you paying for the vehicle under a hire-purchase or leasing agreement

Yes

No

If YES, please provide:

Name of hire-company

Name of leasing company

Agreement's reference number

Was a trailer attached to your vehicle at the time of the incident?

Yes

No

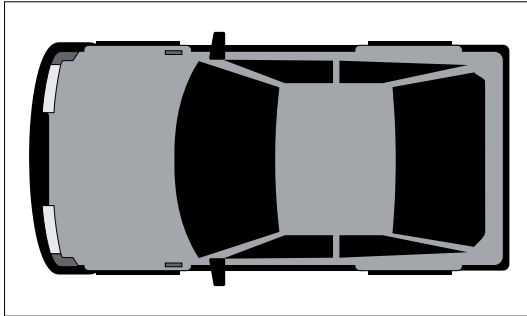
Give a brief description of the damage

B. Insured Vehicle (continued)

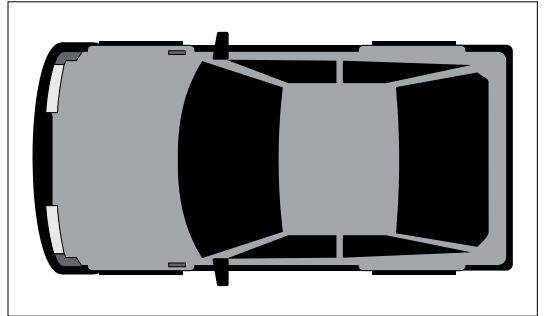
What was the vehicle being used for at the time?

Where is the vehicle now?

On the first diagram below, please indicate (by marking with X) any damage to your vehicle as a result of the incident



If there was a third party vehicle involved, please indicate (by marking with X) any damage to their vehicle on the diagram below.



Note:

Fill in this section only if your vehicle is a commercial vehicle.

C. Commercial Vehicles

The weight and type of goods carried, if any:

Is the vehicle a heavy goods vehicle?

Yes No

If YES, please provide details: Your HGV licence number

Expiry date on license

Total number of fixed seats (including the driver's seat)

in front of vehicle

in back of vehicle

Maximum number of people your vehicle can carry

Note:

Driver details may not be the same as the Policyholder details.

This section must be completed for all cases.

D. Driver Details (continued overleaf)

Drivers full name

Address

Occupation

Date of Birth

Does the driver own the vehicle?

Yes No

If NO, does the owner pay the driver to drive the vehicle?

Yes No

Was the driver driving with the policyholder's permission?

Yes No

Does the driver hold a motor insurance policy in their own name?

Yes No

If YES, please provide details: Insurance company

Policy number

D. Driver Details (continued)

Has the incident been reported to their insurance company?

Yes No

Are there any prosecutions or convictions pending/arising from this incident?

Yes No

If YES, please provide details

Does the driver have any previous convictions or prosecutions pending?

Yes No

If YES, please provide details

Has the driver had any previous accidents or claims?

Yes No

If YES, please provide details

E. Drivers Licence

How long has the driver held a licence?

Years

Months

Licence type

Full Provisional

Licence number

Vehicle groups the driver can drive

Date of issue shown on the licence

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F. Circumstances of Incident (continued overleaf)

Where did the incident happen?

Date

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Time

am

pm

What were the driving conditions like at the time?

How fast was your vehicle going (Km)

What was the Speed Limit?

Did a member of the Gardaí take details of the incident?

Yes No

Give details below

Garda's name

Badge number

Station

Did a Garda witness the incident?

Yes No

If not, did they see the vehicles before they were moved?

Yes No

If a pedestrian was involved, was he or she on a pedestrian crossing?

Yes No

If NO, was there there a crossing nearby?

Yes No

H. Details of other drivers/people involved & property damaged (continued)

Contact details of the driver(s) of the other vehicle(s) involved

Registration number of the other vehicle(s)

Make/Model of vehicle(s)

Contact details of the other driver's insurer(s)

Policy number

Apparent damage to the other vehicle(s)

If there was more than one third party involved, please use an additional sheet to give details

In the boxes below, please provide details of any injured persons

Your passengers

Name	Address	Description of injury

Driver and passengers of other vehicles

Name	Address	Description of injury

Pedestrians

Name	Address	Description of injury

In the space below, draw a sketch of the incident showing:

- the positions of all vehicles involved
- people or obstacles involved
- any road signs

I. Fire or Theft Details

Date and time of fire or theft

Date

Time

am pm

Date and time somebody was last with the vehicle

Date

Time

am pm

Where was the vehicle at the time of the fire or theft?

Was the vehicle locked?

Yes No

Was the vehicle ever involved in any previous accidents?

Yes No

Was the alarm on?

Yes No

What other security measures were being used (for example, immobiliser)?

Were there any witnesses to the fire/theft? If yes, please provide full contact details.

Name	Address	Telephone
<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"/>

Name of Garda you spoke to

Station Address

What was the vehicle's mileage at the time of the loss?

How many sets of keys were there for the vehicle?

Where were each set at the time of the Fire/Theft?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are claiming for fire damage, did the fire brigade attend to the vehicle?

Yes No

Give details below

Name of fire brigade station

Please describe exactly what happened

<input type="text"/>
<input type="text"/>
<input type="text"/>

J. Unrecovered vehicle (continued overleaf)

Fill in this part if your vehicle has not been found.

Date of first registration as new

Colour

Engine number

Chassis number

(You will find the chassis number and the engine number on your vehicle registration or log book)

J. Unrecovered vehicle (continued)

In the space below, list any extra features fitted to the vehicle

In the space below, list any major parts which have been renewed in the last 12 months and attach invoices where possible

please give details below of any property stolen from the vehicle, including the age and value of that property

Note:

Please refer to your policy document for items which may be covered under your policy.

Note:

You must complete this section with the Garda Síochána in order for us to process your claim.

K. Reporting to the Garda Síochána

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

From

On

The property is valued at approximately €

Certificate to be filled in by the Garda Síochána

This is to certify that (person's name)

of (person's address)

reported the loss of

to this station on

In our records we have made a note of Zurich's interest in this property

Signature of Garda Síochána

Date

Garda station

Pulse System Number

Stamp of Garda Station

L. Claims checklist

Please make sure you have attended to the following items below. This will allow us to deal with your claim as quickly as possible.

Please tick as completed

- Sign and return your claim form (to the address at the end of this form).
- Garda stamp (if applicable).
- Contact details of any third party (if applicable).
- If your vehicle is a write off and you wish for us to dispose of the salvage, please enclose the original vehicle licensing certificate signed, and all vehicle keys and return to us by registered post to the address at the end of this form.

Data Protection

Zurich Insurance plc ('Zurich') 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 for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Financial Services Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Financial Services 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 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 within the Zurich Financial Services Group and with other 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, Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4. 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 Zurich.

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.zurich.ie or requested by writing to our **Data Protection Officer at Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4.**

M. 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.

I understand that Zurich may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature

Date

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal. Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes.

The Insurer reserves the right to decline any proposal.