

## 1. INSURED DETAILS

|   |                              |                 |                          |
|---|------------------------------|-----------------|--------------------------|
| Full Name                                     | <input type="text"/>         | Claim Number    | <input type="text"/>     |
| Address                                       | <input type="text"/>         | Policy Number   | <input type="text"/>     |
| Post Code                                     | <input type="text"/>         | Mobile Tel      | <input type="text"/>     |
| Address (Business)                            | <input type="text"/>         | Alternative Tel | <input type="text"/>     |
| Date of Birth                                 | <input type="text"/>         | Email           | <input type="text"/>     |
| All Occupations including Full &/or Part Time | <input type="text"/>         |                 |                          |
| Are you registered for VAT                    | Yes <input type="checkbox"/> | No              | <input type="checkbox"/> |
| Driving License: Full / Prov                  | <input type="text"/>         |                 |                          |
| License Number                                | <input type="text"/>         |                 |                          |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Have you or the driver ever been convicted of any offence or incurred a fine?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, please give details  | <input type="text"/>     |     |                          |    |
| Have you or the driver ever been involved in any other accident?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, please give details  | <input type="text"/>     |     |                          |    |
| Do you or the driver suffer from diabetes, epilepsy, heart condition or any other medical condition?                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, please give details  | <input type="text"/>     |     |                          |    |
| Have you or the driver ever been refused insurance, had insurance cancelled, been refused renewal or had special terms imposed?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| What was the vehicle being used for at the time of the incident?<br>(Terms such as social, domestic, pleasure are <b>not</b> sufficient) | <input type="text"/>     |     |                          |    |

## 2. ACCIDENT DETAILS

|   |                          |                            |                          |                      |
|---|--------------------------|----------------------------|--------------------------|----------------------|
| Date  | <input type="text"/>     | am/pm                      | Weather Conditions       | <input type="text"/> |
| Road Conditions   | <input type="text"/>     |                            | Width of Road            | <input type="text"/> |
| Accident Location (Road, Town/County)                               | <input type="text"/>     |                            |                          |                      |
|   | <b>INSURED VEHICLE</b>   | <b>THIRD PARTY VEHICLE</b> |                          |                      |
| Speed of Vehicle prior to Accident?                                 | <input type="text"/>     | <input type="text"/>       |                          |                      |
| Distance from nearside Kerb?  | <input type="text"/>     | <input type="text"/>       |                          |                      |
| what lights were Displayed?   | <input type="text"/>     | <input type="text"/>       |                          |                      |
| What Signals were given?  | <input type="text"/>     | <input type="text"/>       |                          |                      |
| What warnings were given?   | <input type="text"/>     | <input type="text"/>       |                          |                      |
| Were Alcohol/Drugs in any way a contributing factor to the accident | <input type="checkbox"/> | Yes                        | <input type="checkbox"/> | No                   |

|   |                          |     |                          |
|---|--------------------------|-----|--------------------------|
| If 'YES' give details   |                          |     |                          |
| Was the driver's view obstructed in any way?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If 'YES' give details   |                          |     |                          |
| Was (were) any third party vehicles(s) damaged?                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If 'YES' give details   |                          |     |                          |
| Do you consider yourself responsible for the accident?            | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Did any party admit liability at the scene?                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Were the Gardai at the scene?                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If no, was the incident reported to the Gardai?                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If 'YES' please advising reporting Garda's Name and Garda Station |                          |     |                          |
| Was any person other than the insured driver injured?             | <input type="checkbox"/> | Yes | <input type="checkbox"/> |

Please describe in detail exactly what happened and give your opinion as to who was responsible and why.

Sketch Plan ~ Please provide a clear sketch of the accident scene. Where possible include details of the road, road markings, road signs, vehicle involved and the direction of the vehicle. Show your vehicle as 'A'.

Please confirm details of all passengers in both vehicles and please also confirm the details of any witnesses that may have seen the incident or any pedestrians involved below

| NAME | ADDRESS | AGE | PHONE No. | PASSENGER / WITNESS / ETC |
|------|---------|-----|-----------|---------------------------|
|      |         |     |           |                           |
|      |         |     |           |                           |
|      |         |     |           |                           |
|      |         |     |           |                           |
|      |         |     |           |                           |
|      |         |     |           |                           |
|      |         |     |           |                           |

### 3. PERSON DRIVING AT THE TIME OF THE INCIDENT

|                              |                      |                 |                      |
|------------------------------|----------------------|-----------------|----------------------|
| Full Name                    | <input type="text"/> | Policy Number   | <input type="text"/> |
| Address                      | <input type="text"/> | Mobile Tel      | <input type="text"/> |
| Date of Birth                | <input type="text"/> | Alternative Tel | <input type="text"/> |
| Driving License: Full / Prov | <input type="text"/> | Email           | <input type="text"/> |
|                              |                      | License         | <input type="text"/> |

All Occupations including Full &/or Part Time

Is the vehicle owned by the insured? Yes  No

### 4. DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME

| Vehicle Registration | Year of Make | Make & Model | CC | Est. Value |
|----------------------|--------------|--------------|----|------------|
|                      |              |              |    |            |

Is the vehicle registered in the insured's name? Yes  No

If 'NO' please give details of the owner / registered keeper:

Does any financial institutions or hire purchase company have an interest in the vehicle?

Please describe the damage to your vehicle:

Please advise where the vehicle may be inspected? Tel.

## 5. DETAILS OF OTHER VEHICLE(S) OR PERSON(S) INVOLVED

|                  |  |  |  |
|------------------|--|--|--|
| Name of Owner    |  |  |  |
| Address          |  |  |  |
| Name of driver   |  |  |  |
| Vehicle Reg No.  |  |  |  |
| Make & Model     |  |  |  |
| Extent of Damage |  |  |  |
| Insurance Co     |  |  |  |
| Policy No.       |  |  |  |

### Persons Injured

|                         |  |  |  |
|-------------------------|--|--|--|
| Name of Owner           |  |  |  |
| Address                 |  |  |  |
| Age                     |  |  |  |
| Occupation              |  |  |  |
| Injury Details          |  |  |  |
| Were they hospitalized? |  |  |  |
| Name of Hospital        |  |  |  |
| Were seatbelts worn?    |  |  |  |

## 6. CHECKLIST

|  |  |     |  |    |
|--|--|-----|--|----|
| Have you attached a copy of your driving license &/or the drivers driving license &/or the driving licence of the fully licenced driver accompanying you if you are a provisional licence holder (if applicable) |  | Yes |  | No |
| If no, please give a reason  |  |     |  |    |
| Have you attached a copy of the vehicle licensing certificate (VLC/Log Book)   |  | Yes |  | No |
| If no, please give a reason  |  |     |  |    |
| Have you attached a copy of the NCT or CVRT (in the case of a commercial vehicle)  |  | Yes |  | No |
| If no, please give a reason  |  |     |  |    |
| Prior to signing the declaration please ensure that you have you completed all parts of the form relevant to the incident  |  |     |  |    |

## 7. DECLARATION

I/WE DECLARE that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects, and request you to deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions in the policy. I/We authorise you and/or your Solicitor on my/our behalf to make such admissions and settlements, and give such consents as you may consider necessary for the disposal of such claims or any litigation.

|                           |  |      |  |
|---------------------------|--|------|--|
| Signature of Policyholder |  | Date |  |
| Signature of driver       |  | Date |  |