

A.R.B. Underwriting Ltd. is regulated by the Central Bank of Ireland.

Registered Office: ARB House, 9 Blackrock Business Park, Carysfort Avenue, Blackrock. Co. Dublin. A94 E4X2.

Registered No. 168567.

Please answer all questions fully, where applicable

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"/>
		Driving License: Full / Prov	<input type="text"/>
		License Number	<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"/>

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

2. PERSON LAST IN CHARGE AT THE TIME OF THE THEFT OR FIRE

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		<input type="text"/>	
Is the vehicle owned by the insured?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

3. DETAILS OF INSURED VEHICLE 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 advise where the vehicle may be inspected?

Tel.

4. FIRE / THEFT ~ complete A or B as applicable

A. IF FIRE

Start date:

Time:

am/pm

State Cause of Fire:

Address of Fire Brigade attended:

Where can the vehicle be inspected?

Extent of Damage:

B. IF THEFT

State date vehicle was left

Time:

am/pm

State date that vehicle was discovered missing

Time:

am/pm

State date vehicle was recovered (if applicable)

And by whom?

Where can the vehicle be inspected?

Was the incident reported to the Gardai?

Yes

No

If No please advise why?

If Yes please advise reporting Garda's name and address of station:

What precautions were taken to prevent the theft

Where exactly were the keys at the time of theft

Your estimate of current value

B. IF THEFT

Describe fully how the Theft occurred

State ~ Names and addressed of any Persons having knowledge of the loss circumstances or any witnesses.

Have the Gardai apprehended any Persons in connection with this Incident?

Yes

No

If 'YES' please give full details

5. GARDA SECTION (TO BE COMPLETED BY INVESTIGATING GARDA WITHIN 48 HOURS OF LOSS)

I / We wish to confirm the Theft / Loss of the Undernoted property valued at approximately

from (Address / Scene)

On (Date)

Reg No	CC	Fuel Type	Make	Year	Make & Model	Make & Model

CERTIFICATION TO BE COMPLETED BY AN GARDA SIOCHANA TO ARB UNDERWRITING LTD.

This is to certify that (full name)

Of (address)

Reported to this station on this date the Theft / Loss of:

We have noted for our records the interest of ARB Underwriting Ltd, in this property

Garda Signature & Badge No:

Dated:

Garda Station Address:

STAMP

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)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, please give a reason				
Have you attached a copy of the vehicle licensing certificate (VLC/Log Book)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, please give a reason				
Have you attached a copy of the NCT or CVRT (in the case of a commercial vehicle)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, please give a reason				
Are vehicle keys attached including any spare sets (only if vehicle unrecovered or total loss by fire)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, please give a reason				
Have you attached Full Service History, purchase receipts for vehicle or any other relevant documents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 am/We are aware that in the event of theft of the vehicle which is unrecovered there is a waiting period of 30 days before we can confirm the vehicle is unrecovered. 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	<input type="text"/>	Date	<input type="text"/>
Signature of driver	<input type="text"/>	Date	<input type="text"/>

Additional Information (If required)