

**MOTOR - 'FIRST NOTIFICATION OF LOSS' FORM**

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Driver: \_\_\_\_\_ Veh Reg: \_\_\_\_\_

Extent of damage: € \_\_\_\_\_ Repairer/Place of Inspection: \_\_\_\_\_

\_\_\_\_\_

Accident Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Third Party Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

TP Ins. Co. \_\_\_\_\_ TP Policy No: \_\_\_\_\_

Veh Reg: \_\_\_\_\_ Make & Model \_\_\_\_\_

Extent of damage: € \_\_\_\_\_ Repairer/Place of Inspection: \_\_\_\_\_

\_\_\_\_\_

Name of Garda Station: \_\_\_\_\_

Name & Address of Independent Witnesses: \_\_\_\_\_

No of passengers in either vehicle: Insured: \_\_\_\_\_ Third Party: \_\_\_\_\_

Any injuries reported?: \_\_\_\_\_ Hospitalised? : \_\_\_\_\_