

Motor Incident Report Form

 Claim No.

BEFORE COMPLETING THIS FORM, PLEASE SEE BACK FOR INSTRUCTIONS. **PLEASE USE BLOCK CAPITALS.**

Type of Cover (please tick)

 Comprehensive
 Third party fire & theft
 Third party only
Type of Claim (please tick):

 Accident
 Theft/Attempted Theft
 Windscreen

1. POLICYHOLDER

Name and Address of Policyholder:

Policy Number:

Date of last premium payment:

Business or Occupation:

Telephone Number: (Home)

(Work)

Date of Birth:

Are you registered for VAT?

If YES, state registered number.

2. VEHICLE

Registration No.:

Make:

Model:

H.P./C.C.:

Year of manufacture:

Was there a trailer attached at the time of the accident?

State the weight and nature of goods carried, if any

To what extent has the vehicle been damaged?

Where may the vehicle be inspected?

In whose name is the vehicle registered?

Is the vehicle solely owned by the registered owner? If NO, give details

Does any financial institution or hire purchase company have an interest in the vehicle? If YES, give name and address.

3. PERSON DRIVING (in the event of theft, give details of the person last in charge of the vehicle)

Name and Address of Driver

Date of Birth:

Occupation:

State Licence number and if full or provisional

Licence operative from:

 to

Did the driver have the policyholder's permission to drive the vehicle?

For what purpose was the vehicle being used?

Was the driver separately insured under any other motor policy? If YES, give name of insurance company and policy number.

State relationship of the driver to the policyholder. (Family, employee, friend, etc.)

Does the driver suffer from any physical or mental disabilities?

Has the driver ever been:

(i) Refused motor insurance, renewal, or had special terms imposed?

(ii) Convicted of a motor offence?

(iii) Involved in a previous motor accident?

(If yes, to (i), (ii) or (iii) above, give details)

4. ACCIDENT DETAILS

Location:

Date: Weather Conditions:

Time: Road Conditions:

Speed Limit: Lighting Conditions:

Speed before impact: Insured: Third Party: Visibility Conditions:

Speed at impact: Insured: Third Party: Width of Road:

Name of station and Garda/Police man to whom the accident was reported?

Were alcohol/drugs in any way a contributing factor to the accident? If YES, give details.

Was the driver's view obstructed in any way?

How far away was the other party when first seen by the driver?

What signals were given? (Horn/hand/indicators/lights) Insured: Third Party:

Has a notice of intention to prosecute been given or summons received? If YES, give details.

5. OTHER VEHICLE(S) OR PROPERTY INVOLVED

	1.	2.	3.
Name of owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Registration:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of Damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. PERSON(S) INJURED

	1.	2.	3.
Name (and age):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
State if driver/passenger/pedestrian/cyclist	<input type="text"/>	<input type="text"/>	<input type="text"/>
In which vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was a seat belt in use?	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. WITNESS(ES)

	1.	2.	3.
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
State if passenger/pedestrian/etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If passenger, state in which vehicle.	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. SKETCH

Please provide a clear sketch of the accident scene.

Where possible include details of the roads, road markings, road signs, vehicles involved and the direction of the vehicles.

INSTRUCTIONS

1. This form should be completed by the policyholder.
2. In the event of an **accident** please complete all sections except section 8.
3. In the event of a **theft** please complete sections 1, 2, 3, 8, 10 and 11, only.
4. In the event of **windscreen breakage** please complete sections 1, 2, 3, 10 (include date of breakage), and 11, only.
5. It is essential that this form be properly completed, signed and dated.
6. If you are so entitled and are claiming for damage to your own vehicle please forward a detailed estimate without delay.
7. Any claim will be handled in accordance with the scope of the cover granted by your Policy.

Please return completed form to:

Allianz Ireland,
Burlington House, Burlington Road, Dublin 4.
Tel: (01) 6133000. Fax: (01) 6134444.

IMPORTANT

Any letter, claim, writ, summons or other document received in relation to an accident should immediately be sent to Allianz unanswered.