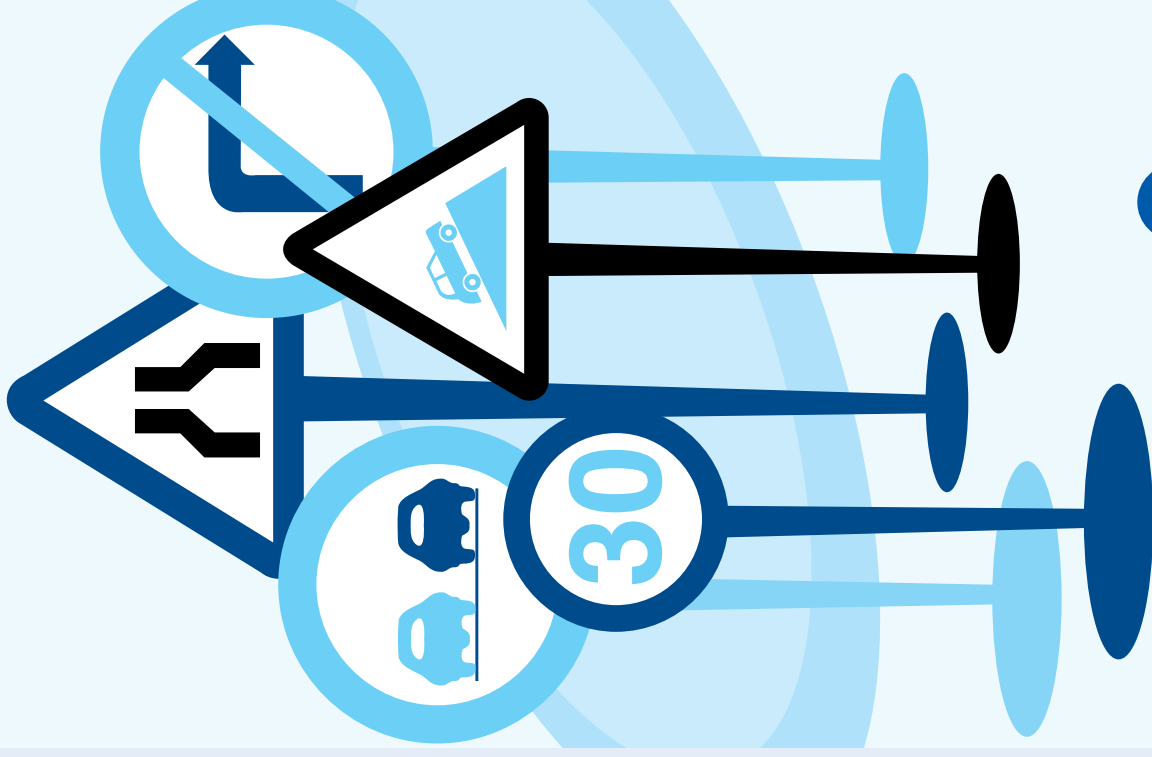


Claim form
Motor accident



Policy number:

Claim number:

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

Part A - Policyholder's details

Your name:

Your address:

Your e-mail address (if any):

Your occupation:

Phone numbers

Daytime:

Evening:

Mobile:

Fax:

Are you registered for VAT?

No

Yes

VAT number:

Part B - Insured vehicle

1 Vehicle registration number:

Year of manufacture:

Make:

Model:

Engine size:

2 Number of seats in the vehicle:

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

No

Yes

Give details below.

Name of hire-purchase or leasing company:

Agreement's reference number:

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

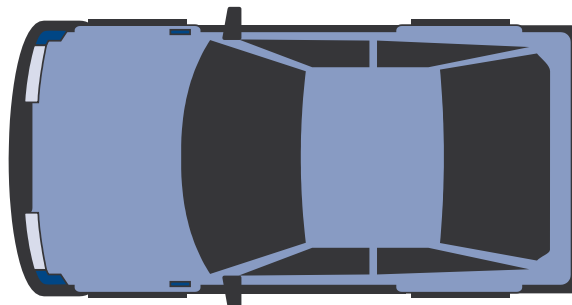
No

Yes

5 Give a brief description of the damage.

6 What was the vehicle being used for at the time?

7 On the diagram below, please show where the vehicle is damaged.



8 Where is the vehicle now?

9 Has this vehicle passed the NCT test?

No

Yes

When?

Part C - Commercial vehicles

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

- 1 The weight and type of goods carried, if any:
- 2 Is yours a heavy goods vehicle? No Yes Give details below.
Your HGV licence number: Expiry date shown on licence: / /
- 3 Total number of fixed seats (including the driver's seat)
in front of vehicle: in back of vehicle:
- 4 Maximum number of people your vehicle can carry:

Part D - Driver's details

- 1 Driver's full name
Title (Mr, Mrs, Ms and so on): First name: Surname:
- 2 Driver's address:
- 3 Driver's occupation:
- 4 Driver's date of birth: / /
- 5 Does the driver own the vehicle? No Yes
- 6 If no, does the owner pay the driver to drive the vehicle? No Yes
- 7 Was the driver driving on the orders of the policyholder? No Yes
- 8 Was the driver driving with the policyholder's permission? No Yes
- 9 Has the driver got their own insurance covering this accident? No Yes Give details below.
Insurance company: Policy number:
- Has this accident been reported to the insurance company? No Yes
- 10 Are there any prosecutions or convictions pending arising from this incident? Please give details.

Part E - Driver's licence details

- 1 How long has the driver held a licence? years months
- 2 Is the licence: full? provisional?
- 3 Licence number:
- 4 Vehicle groups the driver can drive:
- 5 Date of issue shown on the licence:

Part F - Circumstances of accident

- 1 Where did the accident happen? Date: / / Time: am pm

2 What were the weather conditions like at the time?

3 How fast was your vehicle going?

4 What was the speed limit?

5 Which Garda station was the accident reported to?

6 If a pedestrian was involved, was he or she on a pedestrian crossing? No Yes

If no, was there a crossing nearby? No Yes

7 Please describe exactly what happened.

8 Do you think that the person driving your vehicle was to blame for this accident? No Yes

If no, please give your reasons.

Part G - Witnesses (including all your passengers)

	Witness 1	Witness 2	Witness 3
1 Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Date of birth:	<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"/>
4 Phone number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Did a member of the Garda take details of the accident? No Yes Give details below.
Garda's name: Badge number: Station:

6 Did a Garda witness the accident? No Yes

7 If not, did they see the vehicles before they were moved? No Yes

Part H - Details of any other drivers and people involved and property damaged

1 Was another vehicle involved in the accident? No Yes Give details below.

Name and address of the driver of the other vehicle:

Registration number of the other vehicle:

Name and address of the other driver's insurer:

Policy number:

Apparent damage to the other vehicle:

In the boxes below, fill in details of people injured.

Your passengers

Name:

Address:

Description of injury:

Driver and passengers of other vehicles

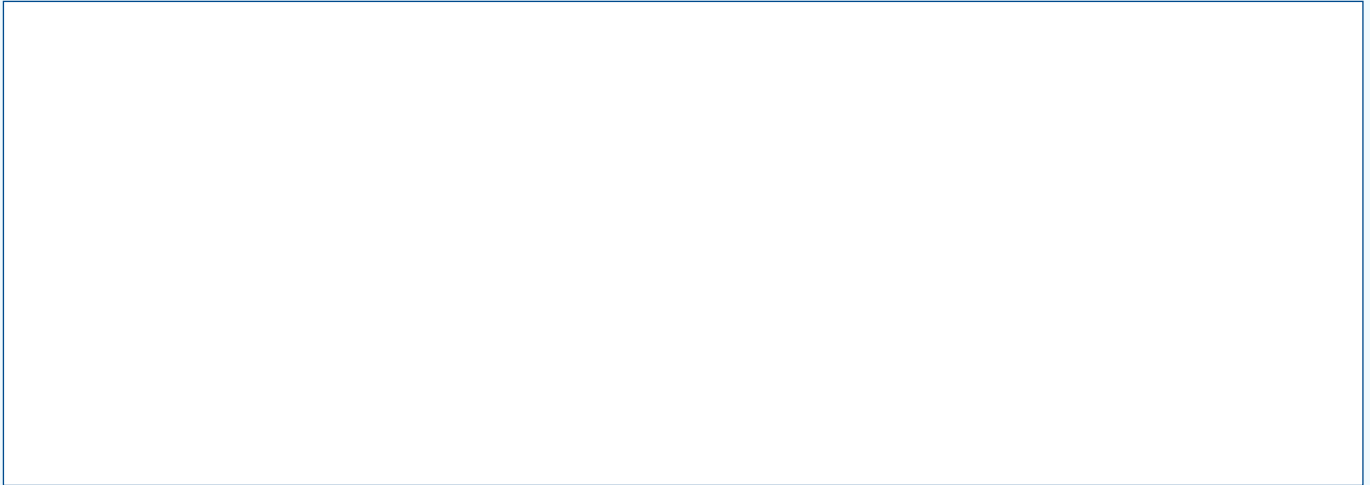
Name:

Address:

Description of injury:

2 In the space below, draw a sketch of the accident showing:

- the positions of all vehicles involved;
- people or obstacles involved;
- the width of roads; and
- any road signs.



Part I - 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.

Date:

Your signature: