

**FIRST NOTIFICATION
CARRIERS LIABILITY CLAIM**



Please return this form to the claims department:
Email: firstnotifications@wrightway.ie

REPORTED BY: _____	
CONTACT NO.: _____	REFERENCE: _____
INSURED: _____	
CONTACT NO: _____	EMAIL ADDRESS: _____
POLICY No: _____	DATE & TIME OF ACCIDENT: _____
DESCRIPTION OF ACCIDENT: _____	
LOCATION OF ACCIDENT: _____	
INSURED VEHICLE	GOODS OWNERS
REG: _____	OWNER: _____
MAKE: _____	ADDRESS: _____
MODEL: _____	CONTACT NO: _____
DRIVER: _____	TP INSURER: _____
VALUE: € _____	WHERE CAN PROPERTY BE INSPECTED?
POLICY EXCESS: € _____	
GARDA NAME: _____	
GARDA STATION: _____	
CONTACT NO.: _____	
CLAIM FORM ISSUED? YES <input type="checkbox"/> No <input type="checkbox"/>	GARDA FORM ISSUED? YES <input type="checkbox"/> No <input type="checkbox"/>
HANDLER: _____	DATE : _____