

**FIRST NOTIFICATION  
CONTRACTORS CLAIM**



Please return this form to the claims department:  
Email: [firstnotifications@wrightway.ie](mailto:firstnotifications@wrightway.ie)

<b>REPORTED BY:</b>	_____
<b>CONTACT NO.:</b>	_____
<b>REFERENCE:</b>	_____
<b>INSURED:</b>	_____
<b>CONTACT NO:</b>	_____
<b>EMAIL ADDRESS:</b>	_____
<b>POLICY No:</b>	_____
<b>DATE OF INCIDENT:</b>	_____
<b>TYPE OF INCIDENT</b>	_____
<b>DESCRIPTION OF ACCIDENT:</b>	_____
<b>LOCATION OF ACCIDENT:</b>	_____
<b>ESTIMATED COST OF INCIDENT:</b>	€ _____
<b>WERE GARDA NOTIFIED?</b>	_____
<b>NAME OF CONTACT:</b>	_____
<b>ADDRESS:</b>	_____
<b>CONTACT No. :</b>	_____
<b>IF CLAIM IS A MOTOR CLAIM, PLEASE ADVISE THE FOLLOWING:</b>	
<b>MAKE:</b>	_____
<b>MODEL:</b>	_____
<b>REG No.:</b>	_____
<b>BROKER NAME:</b>	_____
<b>BROKER CONTACT:</b>	_____
<b>BROKER No.:</b>	_____
<b>CLAIM FORM ISSUED?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>GARDA FORM ISSUED?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HANDLER:</b>	<b>DATE :</b> _____