

**FIRST NOTIFICATION  
HOUSEHOLD 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>DATE REPORTED:</b>	_____	<b>TYPE OF CLAIM:</b>	_____
<b>INSURED:</b>	_____		
<b>CONTACT NO:</b>	_____	<b>EMAIL ADDRESS:</b>	_____
<b>ADDRESS:</b>	_____		
<b>POLICY No:</b>	_____	<b>INCEPTION DATE OF POLICY:</b>	_____
<b>DATE OF INCIDENT:</b>	_____		
<b>DESCRIPTION OF CIRCUMSTANCES:</b>	_____		
<b>ESTIMATED DAMAGE TO BUILDING:</b>	€	_____	
<b>ESTIMATED LOSS TO CONTENTS:</b>	€	_____	
<b>ESTIMATED LOSS OF ALL RISKS:</b>	€	_____	
<b>HAS REPAIR OR REPLACEMENT TAKEN PLACE?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>ADJUSTER CONTACT NAME:</b>	_____		
<b>CONTACT NO.:</b>	_____		
<b>HAS GARDA STATION BEEN NOTIFIED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>IF SO, WHICH STATION?</b>	_____		
<b>LIABILITY CLAIMS</b>			
<b>THIRD PARTY NAME:</b>	_____		
<b>THIRD PARTY ADDRESS:</b>	_____		
<b>ESTIMATED DAMAGE:</b>	€	_____	
<b>IF INJURIES, GIVE DETAILS:</b>	_____		
<b>IS TP EMPLOYED BY INSURED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>CLAIM FORM ISSUED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>LOSS ADJUSTER APPOINTED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>HANDLER:</b>	_____		<b>DATE :</b> _____