

**FIRST NOTIFICATION
MOTOR CLAIM**



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

REPORTED BY: _____	
CONTACT NO.: _____	REFERENCE: _____
INSURED: _____	
CONTACT NO: _____	EMAIL ADDRESS: _____
ADDRESS: _____ _____ _____	
POLICY No: _____	DATE & TIME OF ACCIDENT: _____
DESCRIPTION OF ACCIDENT: _____ _____ _____	
DID EITHER PARTY ADMIT LIABILITY? _____	
IF SO, WHOM? _____	
LOCATION OF ACCIDENT: _____	
INSURED VEHICLE	THIRD PARTY VEHICLE/PROPERTY
REG: _____	REG: _____
MAKE: _____	MAKE: _____
MODEL: _____	MODEL: _____
DRIVER: _____	DRIVER: _____
AGE: _____	OWNER: _____
COVER: _____	ADDRESS: _____
VALUE: € _____	_____
POLICY EXCESS: € _____	_____
EST. COST OF DAMAGE: € _____	CONTACT NO: _____
IS VEHICLE STILL DRIVEABLE? _____	TP INSURER _____
WHERE CAN VEHICLE BE INSPECTED? _____	COVER: _____
_____	EST. COST OF DAMAGE € _____
PERSONAL INJURIES? _____	IS VEHICLE STILL DRIVEABLE? _____
INSURED CLAIMING AGAINST OWN POLICY? _____	WHERE CAN VEHICLE BE INSPECTED? _____
INSURED CLAIMING AGAINST TP DIRECT? _____	_____
INSURED APPOINTING A SOLICITOR? _____	PERSONAL INJURIES: DRIVER: _____
GARDA NAME: _____	PASSENGER: _____
GARDA STATION: _____	NATURE OF INJURIES: _____
CONTACT NUMBER: _____	WITNESS NAME: _____
_____	WITNESS ADDRESS: _____
CLAIM FORM ISSUED? _____	GARDA FORM ISSUED? _____
HANDLER: _____	DATE : _____