

Please return this form to your broker or to:

Wrightway Underwriting Ltd
 Wrightway House, Ardavan Business Park,
 Ardavan, Wexford, Ireland, Y35 FP8A
 Tel: 053 9167100
 Fax: 053 9143999

THEFT / FIRE CLAIM FORM

INSURED						
Full name _____			Policy No _____			
Private address _____			Date of expiry of policy _____			
			Broker _____			
			Email Address _____			
Business address _____			Tick type of cover:			
Profession or Business _____			Comp <input type="checkbox"/>	TPFT <input type="checkbox"/>	TP <input type="checkbox"/>	
Tel. No. (Private) _____ (Business) _____			Are you VAT registered? Yes <input type="checkbox"/> No <input type="checkbox"/>			
VEHICLE (show GT, E, S, etc.)						
Make	Model	Type of body (Sports, saloon etc.)	Cubic Capacity	Date of first registration	Estimated present value	Registration No.
Colour of body _____		Interior colour and condition of upholstery _____		Mileage at time of loss _____		
Marks or blemishes and other special features to help establish identity _____						
Name and address of person or company from whom purchased _____						
Date of purchase _____		Price paid _____		Is vehicle a left hand drive? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the vehicle usually kept in a locked garage? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Has the vehicle been altered/modified in any way? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes give details _____						
Details of any recent major overhaul or repairs (supply invoices to support) _____						
Details of any damage prior to theft _____						
Date of expiry of Road Tax _____		How many vehicles do you own? _____		How many were in use at the time of theft? _____		
Is the vehicle your property? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state Owner _____ Owner's insurance _____						
HIRE PURCHASE/LEASE/BANK LOAN (please tick which applies)						
Are there any Hire Purchase/Lease Agreements or Bank Loans outstanding on this vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			If so, please specify and give full details. _____			
Company name _____			Approx. amount outstanding _____			
PERSON IN CHARGE PRIOR TO THEFT/FIRE						
Name and address _____						Tel No. _____
Occupation _____		Employers name _____		Date of birth _____		
Type of driving licence (Irish/Int'l) _____		Full or provisional _____		Date issued _____	Date passed test _____	
Give details of ALL previous accidents or thefts _____						
Is he/she in your employ? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, in what capacity and for how long? _____						
Was vehicle being used in connection with the occupation of Policyholder of driver? _____						
Was vehicle being driven with your permission? Yes <input type="checkbox"/> No <input type="checkbox"/> Nature of goods carried (if any) _____						
If Insured's Relative or Friend was driving, does he/she own a car him/herself? Yes <input type="checkbox"/> No <input type="checkbox"/>						
With whom is he/she insured? _____				Policy No. _____		

PARTICULARS OF THEFT/FIRE

STATE PRECISE USE OF VEHICLE PRIOR TO THEFT/FIRE

(The word PRIVATE is not sufficient.) Journey from _____

to _____

Give exact location from where theft/fire occurred _____

Date of vehicle theft/fire _____ Time left _____ am/pm Date theft/fire discovered _____ Time _____ am/pm

Who discovered the theft/fire? _____ Was vehicle itself stolen? Yes No

Has the vehicle recently been offered for sale? Yes No

How many sets of keys are there? _____ Where were they at the time of the theft/fire? _____

Was ignition key removed? Yes No Were all windows locked and in working order? Yes No

When was vehicle last used? _____ Were all vehicle doors locked? Yes No

Was any type of immobilising device fitted to the vehicle? Yes No If so, please give details _____

GARDA DETAILS

Date the Theft/Fire reported to the Garda _____ Time _____ am/pm Garda ref _____

Name and address of Garda Station _____

Has any person been apprehended for theft/fire? Yes No If YES are they to be prosecuted? Yes No

Address of Court _____ Date and time of hearing _____

Was the vehicle in any type of incident following the theft? If so, give details of damage and/or personal injury _____

INSURERS MAINTAIN A MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER AND EXCHANGE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS.

DESCRIPTION OF LOSS PLEASE GIVE A SHORT DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS

Details of any other insurer of stolen items i.e. All Risks or Household Policies _____

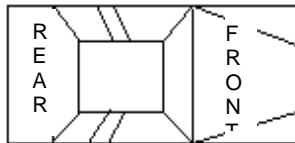
DAMAGE TO OWN VEHICLE (IF THE VEHICLE HAS BEEN FOUND DAMAGED)

Full particulars of damage _____ approx. cost _____

Name and address of Repairers _____ Repairer's telephone no _____

Is the vehicle at present with the Repairer? _____ Repairer's detailed estimate should be forwarded without delay

Indicate Area(s) of impact with XXX



NOTE: If the vehicle is considered damaged beyond repair, our engineer may move it for free and safe storage

Date recovered _____ Time _____ am/pm Where found _____ By whom found _____

How was entry made into the vehicle? _____

I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED I CONFIRM THAT THE FOREGOING PARTICULARS AND STATEMENTS TO BE TRUE AND CONFIRM THAT UNDERWRITERS MAY SETTLE THIS CLAIM AS THEY DEEM NECESSARY

Date _____ SIGNATURE OF INSURED _____

IF VEHICLE HAS NOT BEEN RECOVERED THE FOLLOWING MUST BE SENT WITH THIS FORM – FAILURE TO DO SO MAY DELAY CONSIDERATION OF YOUR CLAIM.

- | | |
|-----------------------------|---|
| 1 Vehicle Registration Book | 5 Last Servicing Receipt |
| 2 Certificate of Insurance | 6 Purchase Receipt for Vehicle and items missing |
| 3 NCT Certificate | 7 Any documents to establish value and condition of Vehicle |
| 4 All keys for vehicle | 8 Driving Licence |

HAVE YOU ANSWERED ALL QUESTIONS FULLY?

DATA PROTECTION

THIS NOTICE IS NOT A STANDALONE DOCUMENT. IT CONTAINS A BRIEF DESCRIPTION OF THE INFORMATION YOU NEED TO UNDERSTAND HOW YOUR PERSONAL DATA IS USED BY ARCH INSURANCE (EU) DAC AND WUL IN PROCESSING CLAIMS AND SHOULD BE REVIEWED IN CONJUNCTION WITH ARCH'S PRIVACY POLICY WHICH IS AVAILABLE ONLINE AT WWW.ARCHCAPGROUP.COM AND WUL'S PRIVACY POLICY WHICH IS AVAILABLE AT WWW.WRIGHTWAY.IE/REGULATIONS.

ARCH INSURANCE (EU) DAC ('WE', 'OUR', 'US') AND WRIGHTWAY UNDERWRITING LTD ("WUL") WILL HOLD YOUR DETAILS AS CONTROLLERS IN ACCORDANCE WITH OUR PRIVACY POLICY AND WUL'S PRIVACY POLICY TOGETHER WITH ALL APPLICABLE DATA PROTECTION LAWS AND PRINCIPLES.

THE INFORMATION YOU SUPPLY TO WUL, INCLUDING PERSONAL DATA ("DATA") AS PART OF THIS CLAIM IS REQUIRED BY US AND/OR WUL TO HANDLE YOUR CLAIM, PREVENT AND DETECT FRAUD AS WELL AS GENERALLY TAKE ANY STEPS IN ORDER TO FULFIL OUR CONTRACT WITH YOU AND COMPLY WITH OUR LEGAL OBLIGATIONS.

WUL MAY ALSO OBTAIN INFORMATION ABOUT YOU FROM THIRD PARTIES SUCH AS YOUR BROKER, CLAIMS SERVICE PROVIDERS (INCLUDING PRIVATE INVESTIGATORS) AND INSURANCE INDUSTRY AND GOVERNMENT BODIES FOR THE PURPOSES DESCRIBED ABOVE. IN ADDITION, WUL MAY CHECK YOUR DETAILS WITH FRAUD PREVENTION AGENCIES, AS WELL AS AGAINST INDUSTRY DATABASES SUCH AS INSURANCELINK (FOR MORE INFORMATION SEE BELOW).

TO ASSIST WUL IN HANDLING YOUR CLAIM AND PREVENT/DETECT FRAUD, WE AND/OR WUL MAY SHARE YOUR DATA (WHERE APPROPRIATE/APPLICABLE) AS FOLLOWS:

- WITH BUSINESS PARTNERS, SUPPLIERS, SUB-CONTRACTORS AND AGENTS WITH WHOM WE AND WUL WORK AND/OR ENGAGE (INCLUDING, BUT NOT LIMITED TO LEGAL FIRMS, MEDICAL PROFESSIONALS, PRIVATE INVESTIGATORS, THIRD-PARTY CLAIM ADMINISTRATORS AND OUTSOURCED SERVICE PROVIDERS) .
- WITH OTHER COMPANIES IN OUR GROUP, PARTNERS OF THE GROUP AND REINSURANCE COMPANIES LOCATED IN IRELAND AND ABROAD, INCLUDING OUTSIDE THE EUROPEAN ECONOMIC AREA ('EEA'). WHERE TRANSFERS TAKE PLACE OUTSIDE THE EEA, WE AND WUL ENSURE THAT THEY ARE UNDERTAKEN LAWFULLY AND PURSUANT TO APPROPRIATE SAFEGUARDS.
- WITH OTHER INSURERS AND/OR THEIR AGENTS.
- WITH ANY INTERMEDIARY OR THIRD PARTY ACTING FOR YOU.
- IN ORDER TO COMPLY WITH OUR AND WUL'S LEGAL OBLIGATIONS, A COURT ORDER OR TO COOPERATE WITH STATE AND REGULATORY BODIES (SUCH AS THE CENTRAL BANK OF IRELAND), AS WELL AS WITH RELEVANT GOVERNMENT DEPARTMENTS AND AGENCIES (INCLUDING LAW ENFORCEMENT AGENCIES).

IN ADDITION, INFORMATION ABOUT CLAIMS (WHETHER BY OUR CUSTOMERS OR THIRD-PARTIES) IS COLLECTED BY WUL WHEN A CLAIM IS MADE UNDER A POLICY AND MAY BE PLACED ON THE INSURANCE INDUSTRY CLAIMS DATABASE KNOWN AS INSURANCELINK, MAINTAINED BY INSURANCE IRELAND. THIS INFORMATION MAY BE SHARED WITH OTHER INSURANCE COMPANIES, SELF-INSURERS OR STATUTORY AUTHORITIES. THE PURPOSE OF INSURANCELINK IS TO PROTECT CUSTOMERS BY HELPING INSURERS IDENTIFY INCORRECT INFORMATION AND FRAUDULENT CLAIMS.

THE TIME PERIODS FOR WHICH WE AND WUL RETAIN YOUR DATA DEPEND ON THE PURPOSES FOR WHICH IT IS USED. WE AND WUL WILL KEEP YOUR DATA FOR NO LONGER THAN IS REQUIRED OR LEGALLY PERMITTED.

TO THE EXTENT THAT WE ARE A CONTROLLER OF YOUR PERSONAL DATA YOU HAVE CERTAIN RIGHTS, WHICH ARE SUBJECT TO RESTRICTIONS AS LAID DOWN BY LAW. THE FOLLOWING IS A SUMMARY OF YOUR RIGHTS:

- THE RIGHT OF ACCESS;
- THE RIGHT TO RECTIFICATION;
- THE RIGHT TO ERASURE;
- THE RIGHT TO RESTRICT PROCESSING;
- THE RIGHT TO OBJECT;
- THE RIGHT TO DATA PORTABILITY; AND
- THE RIGHT TO LODGE A COMPLAINT WITH AN APPLICABLE DATA PROTECTION AUTHORITY.

IF YOU WOULD LIKE TO EXERCISE ANY OF THESE RIGHTS, YOU CAN CONTACT US OR WUL USING THE CONTACT DETAILS BELOW.

PRIVACY POLICY

FOR FURTHER INFORMATION PLEASE SEE OUR PRIVACY POLICY WHICH IS AVAILABLE ONLINE AT WWW.ARCHCAPGROUP.COM AND WUL'S PRIVACY POLICY WHICH IS AVAILABLE AT WWW.WRIGHTWAY.IE/REGULATIONS.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR DATA, YOU CAN CONTACT US OR WUL USING THE CONTACT DETAILS BELOW.

ARCH INSURANCE (EU) DAC	WRIGHTWAY UNDERWRITING LTD
<ul style="list-style-type: none">• CUSTOMER SERVICES ON – 0011-914-872-3600• EMAIL ARCHDPO@ARCHCAPSERVICES.COM• DATA PROTECTION OFFICER, ARCH INSURANCE (EU) DAC, LEVEL 2, BLOCK 3, THE OVAL, 160 SHELBOURNE ROAD, BALLSBRIDGE, DUBLIN 4.	<ul style="list-style-type: none">• CUSTOMER SERVICES ON 053 916 7100• EMAIL US AT DATAPROTECTIONOFFICER@WRIGHTWAY.IE• DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LTD, ARDCAVAN BUSINESS PARK, ARDCAVAN, WEXFORD Y35 FP8A.

STEP BY STEP GUIDE TO MAKING A MOTOR CLAIM

- IF YOU HAVE BEEN INVOLVED IN A MOTOR ACCIDENT AND WANT TO MAKE A CLAIM, YOU SHOULD CONTACT YOUR INSURANCE ADVISOR IMMEDIATELY WHO WILL TAKE ALL THE DETAILS FROM YOU, PROVIDE YOU WITH A CLAIM FORM, WHICH SHOULD BE COMPLETED AND RETURNED TO THEM AS SOON AS POSSIBLE
- ONCE COVER HAS BEEN CONFIRMED, YOU WILL NEED TO GET AN ESTIMATE FOR REPAIRS.

- IF YOUR CAR IS ALREADY IN A GARAGE/STORAGE AREA IT IS IMPORTANT TO ASK IF YOU ARE BEING CHARGED TO HOLD IT THERE AS THESE COSTS ARE NOT COVERED UNDER YOUR POLICY. IF THE VEHICLE IS A WRITE OFF, WRIGHTWAY UNDERWRITING LTD CAN ARRANGE TO HAVE IT MOVED FREE OF CHARGE. WE MAY NEED TO HAVE A MOTOR ASSESSOR INSPECT YOUR DAMAGED VEHICLE
- YOU CAN APPOINT YOUR OWN MOTOR ASSESSOR TO INSPECT YOUR DAMAGED VEHICLE AND HELP WITH THE PREPARATION OF YOUR CLAIM, HOWEVER THE COST WILL BE AT YOUR OWN EXPENSE.
- WE WILL NOTIFY YOU OF THE AGREED REPAIR COSTS AND YOUR VEHICLE REPAIRS CAN BEGIN.
- WHEN REPAIRS ARE COMPLETE YOU WILL NEED TO SEND US THE REPAIR BILL, WE WILL THEN ISSUE A SETTLEMENT CHEQUE LESS YOUR POLICY EXCESS (REFER TO YOUR POLICY SCHEDULE) AND VAT IF YOU ARE REGISTERED FOR SAME.
- YOU MUST PAY THE RELEVANT EXCESS DIRECT TO THE REPAIRER WHEN YOU COLLECT THE INSURED VEHICLE
- IF YOU ARE REGISTERED FOR VAT YOU MUST PAY THE VAT DIRECT TO THE REPAIRER WHEN YOU COLLECT THE INSURED VEHICLE.
- IN THE CASE YOUR CAR IS WRITTEN OFF OR BEYOND ECONOMICAL REPAIR, OUR MOTOR ASSESSOR WILL PUT A VALUE ON THE VEHICLE BASED ON ITS CONDITION BEFORE THE ACCIDENT (PRE-ACCIDENT VALUE). THIS VALUE WILL BE OFFERED TO YOU IN SETTLEMENT LESS YOUR POLICY EXCESS (REFER TO YOUR POLICY SCHEDULE), SALVAGE AND VAT IF YOU ARE REGISTERED FOR SAME.
- WE WILL REQUIRE THE ORIGINAL VEHICLE REGISTRATION CERTIFICATE, CLAIM FORM, AND COPY OF YOUR LICENCE BEFORE WE CAN ISSUE YOUR SETTLEMENT CHEQUE.
- WE WILL OFFER TO DISPOSE OF THE SALVAGE OF YOUR VEHICLE IF YOU DO NOT WISH TO RETAIN SAME.
- WHERE YOUR VEHICLE IS STOLEN AND NOT FOUND, WE WILL SEND A MOTOR THEFT CLAIM FORM FOR COMPLETION AND WILL SETTLE YOUR CLAIM BASED ON THE PRE-THEFT VALUE WHICH OUR MOTOR ASSESSOR WILL PLACE ON YOUR VEHICLE. AGAIN WE WILL REQUIRE THE ORIGINAL VRC, CLAIM FORM AND FRONT AND BACK OF YOUR DRIVER LICENCE BEFORE WE CAN ISSUE YOUR CHEQUE. IN THE CASE OF THEFT, 28 DAYS MUST PASS FROM THE DATE OF THEFT BEFORE SETTLEMENT CAN ISSUE.

TERMS AND CONDITIONS MAY BE APPLIED TO YOUR POLICY AND THESE WILL BE FULLY EXPLAINED BY YOUR INSURANCE ADVISOR.

YOUR NO CLAIMS BONUS MAY BE AFFECTED AS A RESULT OF MAKING A CLAIM ON YOUR POLICY.

PLEASE NOTE THAT WE WILL RETAIN A RECORD OF THIS CLAIM AND MAY SHARE CERTAIN INFORMATION WITH OTHER INSURERS AND INTERESTED PARTIES, WHERE NECESSARY AND APPROPRIATE. HOWEVER, ALL DATA IS RETAINED AND USED IN ACCORDANCE WITH IRISH DATA PROTECTION LAW.