

**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

## WRIGHTWAY HOME GUARDIAN INCIDENT REPORT FORM

Policy number:  Claim number:

This form should be filled in by the person named as the 'Policyholder' on the policy schedule.

- **For all claims please fill in parts A, B and C.**
- **also**, for a burglary claim, fill in parts D and E;
- **and** for claims under the All Risks & Pedal Cycles section of the policy, fill in parts E and F;
- **and** if you are claiming for broken glass, fill in part G (if glass broken as a result of theft or attempted theft please have part E completed by the Garda).
- For employer liability and public liability type incidents please fill in parts A, H and I

If you, or anyone acting for you, makes a claim which is fraudulent and/or intentionally exaggerated and/or supported by a fraudulent statement or other device, we will not pay any part of your claim or any other claim you have made or may make under this policy. In addition, we will have the right to:

- (a) treat this policy as if it never existed, or at our option terminate this policy, without returning any premium that you have paid;
- (b) recover from you any amounts that we have paid in respect of any claim, whether such claim was made before or after the fraudulent claim; and
- (c) refuse any other benefit under this policy

### Part A – Policyholder's details

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Your e-mail address (if any): \_\_\_\_\_

Your occupation: \_\_\_\_\_

Phone numbers: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you registered for VAT? Yes  No

### Part B – Details

1. Describe how the loss occurred (please use separate sheet for full description): \_\_\_\_\_

2. Date: \_\_\_\_\_ Time: (am/pm) \_\_\_\_\_

3. Does anyone else own any of the property this claim relates to? Yes  No  If yes, give details below: \_\_\_\_\_

4. Does any other insurance policy cover the property you are claiming for? Yes  No  If yes, give details below: \_\_\_\_\_

Name of insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

### 5. Claims History - Please provide details of any claims or losses on any property owned by you within the last 5 (five) years

Date Of Loss	Description of Claim	Amount Paid	Claim Settled

### Part C – Description of loss claimed for

Fill in the table below. In order to fill in the 'Amount claimed' column you should get estimates for repairs and replacements.

Description of property/item	When and where you bought it	Price you paid	Amount claimed
		€	€
		€	€
		€	€
		€	€
	<b>Total</b>	€	€

If necessary use a separate page to list further items.

**Part D – Burglary details**

Fill in this part if you are claiming for loss and damage after a burglary.

- 1. How were the premises entered? \_\_\_\_\_
- 2. Who discovered the loss? \_\_\_\_\_
- 3. Were the premises being used or lived in at the time of the loss? \_\_\_\_\_
- 4. If not, when were they last used or lived in? \_\_\_\_\_

**Part E – Reporting to the Garda Siochana**

Fill in this part with the Garda Siochana.

I am reporting the theft or loss of the property set out in this form

From (exact location): \_\_\_\_\_

On (date & time): \_\_\_\_\_

The property is valued at approximately: € \_\_\_\_\_

**Certificate to be filled in by the Garda Siochana.**

This is to certify that: \_\_\_\_\_ (person's name)

of: \_\_\_\_\_ (person's address)

reported the theft or loss of: (if more than one item attach separate list) \_\_\_\_\_

(property)

to this station: \_\_\_\_\_

In our records we have made a note of Wrightway Underwriting Ltd.'s interest in this property.

Garda's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Garda Station: \_\_\_\_\_

Please stamp this form



**Part F – All Risks & Pedal Cycles**

Fill in this part if you are claiming for an item covered under the All Risks / Pedal Cycles Section of your policy.

1. Was the item: Stolen? \_\_\_\_\_ Lost? \_\_\_\_\_ Damaged? \_\_\_\_\_

2. When and where did you last see the property? \_\_\_\_\_

3. If you are claiming under the Unspecified Section part of the All Risks Section, please tell us the following:

Are these items covered elsewhere by a different policy? \_\_\_\_\_

4. Did you report the theft, loss or damage to the Gardai? Yes  No

5. If so, have part E completed.

**Part G – Glass claim**

Fill in this part if you are claiming for broken glass.

1. In the space below, give details of the size and the description of the glass broken: \_\_\_\_\_

2. Where was the glass? (For example, in the window, in the door, display cabinet and so on.) \_\_\_\_\_

3. Name and address of the person who broke the glass: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is this person employed by you in your home? Yes  No   
5. Does the glass need to be replaced immediately? Yes  No

**Part H – Liability Incident (Employer/Public Liability)**

Please tick one of the following: Employer Liability claim?  Public Liability claim?

Date and time of incident: \_\_\_\_\_

When was incident first notified to you? \_\_\_\_\_ By whom? \_\_\_\_\_

State fully what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(continue on separate sheet if necessary)

Who do you consider to be responsible for this incident and why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

State names and addresses of all witnesses:

_____	_____
_____	_____
_____	_____

What plant or equipment, if any, caused the accident? (Any broken plant or equipment must be kept in a safe place)

\_\_\_\_\_

Details of injury or damage caused: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

State name/address of any doctor who may have attended injured persons: \_\_\_\_\_

If removed to hospital, give name and state if detained: \_\_\_\_\_

Name and address of claimant: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Part I – Declaration**

I declare that, as far as I know, the information I have given is true. I authorise you, and any solicitor you appoint to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Important – Check List**

- Have you completed all sections relevant to your claim?
- Have you signed and dated the claim form?
- Have you attached where relevant quotations, purchase invoices, repair and replacement receipts and, in the event of loss of valuables, i.e. jewellery photographic evidence?
- In the event of a claim being made against you have you attached all third party correspondence?

PLEASE SEND THIS FORM AND ALL ACCOMPANYING DOCUMENTATION EITHER TO YOUR INSURANCE BROKER OR DIRECT TO CLAIMS DEPARTMENT AT WRIGHTWAY UNDERWRITING LTD ON BEHALF OF CBL INSURANCE EUROPE DAC.

## DATA PROTECTION

WRIGHTWAY UNDERWRITING LIMITED ("WRIGHTWAY") WILL HOLD YOUR DETAILS IN ACCORDANCE WITH OUR DATA PROTECTION AND PRIVACY POLICY TOGETHER WITH ALL APPLICABLE DATA PROTECTION LAWS AND PRINCIPLES.

INFORMATION YOU SUPPLY MAY BE USED BY US AND OUR PARTNERS (BOTH INSIDE AND OUTSIDE THE EUROPEAN ECONOMIC AREA) FOR THE PURPOSES OF ADMINISTERING YOUR POLICY (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

WE MAY SHARE WITH OUR AGENTS AND SERVICE PROVIDERS, OTHER INSURERS AND THEIR AGENTS, AND WITH ANY INTERMEDIARY ACTING FOR YOU, AND WITH RECOGNISED TRADE, GOVERNING AND REGULATORY BODIES (OF WHICH WE ARE A MEMBER OR BY WHICH WE ARE GOVERNED) INFORMATION WE HOLD ABOUT YOU AND YOUR CLAIMS HISTORY. THIS INCLUDES THE INSURANCE-LINK DATABASE AND INSURANCE IRELAND'S ANTI-FRAUD CLAIMS MATCHING DATABASE. WE MAY ALSO IN CERTAIN CIRCUMSTANCES USE PRIVATE INVESTIGATORS TO INVESTIGATE A CLAIM. IN ORDER TO PREVENT AND DETECT FRAUD AND THE NON-DISCLOSURE OF RELEVANT INFORMATION WRIGHTWAY (WUL) MAY AT ANY TIME:

- SHARE INFORMATION ABOUT YOU WITH OUR INSURER PARTNERS INCLUDING COMPANIES WITHIN THE ZÜRICH INSURANCE GROUP, OTHER ORGANISATIONS OUTSIDE OUR INSURER PARTNERS INCLUDING WHERE APPLICABLE PRIVATE INVESTIGATORS AND PUBLIC BODIES INCLUDING AN GARDA SÍOCHÁNA
- CHECK AND / OR FILE YOUR DETAILS WITH FRAUD PREVENTION AGENCIES AND DATABASES, AND IF YOU GIVE US FALSE OR INACCURATE INFORMATION AND WE SUSPECT FRAUD, WE WILL RECORD THIS.
- THE FOLLOWING ARE A SAMPLE OF SUCH DATABASES USED: THE INSURANCE LINK ANTI-FRAUD REGISTER (FOR MORE INFO SEE [WWW.INSLINK.IE](http://WWW.INSLINK.IE)); THE INTEGRATED INFORMATION DATA SYSTEM ('IIDS') TO VERIFY INFORMATION INCLUDING PENALTY POINTS AND NCD; MIAFTR (MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER) OPERATED BY THE ASSOCIATION OF BRITISH INSURERS IN THE UK TO LOGS ALL INSURANCE CLAIMS RELATING TO WRITTEN-OFF AND STOLEN VEHICLES IN THE UK; THE NATIONAL VEHICLE FILE MAINTAINED AND SUPPORTED BY THE DEPARTMENT OF TRANSPORT, TOURISM AND SPORT, CONTAINING DETAILS OF ALL REGISTERED VEHICLES IN THE REPUBLIC OF IRELAND; COMPANIES REGISTRATION OFFICE

THE DATABASES USED ARE NOT LIMITED TO THOSE LISTED ABOVE AND ARE SUBJECT TO CHANGE AT ANY TIME.

WUL MAY ALSO USE YOUR PERSONAL DATA, THE PERSONAL DATA OF YOUR NAMED DRIVERS OR MEMBERS OF YOUR HOUSEHOLD, INFORMATION ABOUT YOUR VEHICLE OR PROPERTY TO SEARCH THESE AGENCIES, DATABASES AND OTHER PUBLICALLY AVAILABLE INFORMATION TO:

- HELP MAKE DECISIONS ABOUT THE PROVISION AND ADMINISTRATION OF INSURANCE, CREDIT AND RELATED SERVICES FOR YOU
- TRACE DEBTORS OR BENEFICIARIES, RECOVER DEBT, PREVENT FRAUD AND TO MANAGE YOUR INSURANCE POLICIES WITH WUL

WE MAY ALSO NEED TO COLLECT SENSITIVE PERSONAL DATA (FOR EXAMPLE, INFORMATION RELATING TO YOUR PHYSICAL OR MENTAL HEALTH OR THE COMMISSION OR ALLEGED COMMISSION OF AN OFFENCE) TO ASSESS THE TERMS OF INSURANCE WE ISSUE/ARRANGE OR TO ADMINISTER CLAIMS WHICH ARISE.

UNLESS YOU HAVE ADVISED US OTHERWISE, WE MAY SHARE INFORMATION THAT YOU PROVIDE TO COMPANIES THAT WE ESTABLISH COMMERCIAL LINKS WITH SO WE AND THEY MAY CONTACT YOU (BY EMAIL, SMS, TELEPHONE OR OTHER APPROPRIATE MEANS) IN ORDER TO TELL YOU ABOUT CAREFULLY SELECTED PRODUCTS, SERVICES OR OFFERS THAT WE BELIEVE WILL BE OF INTEREST TO YOU.

PLEASE TICK HERE IF YOU DO NOT WISH YOUR INFORMATION TO BE UTILISED FOR THESE PURPOSES

YOU HAVE A RIGHT OF ACCESS TO AND A RIGHT TO RECTIFY DATA CONCERNING YOU UNDER THE DATA PROTECTION ACTS 1988 AND 2003. SHOULD YOU WISH TO EXERCISE THIS RIGHT, PLEASE WRITE TO THE DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LIMITED, WRIGHTWAY HOUSE, ARDCAVAN BUSINESS PARK, ARDCAVAN, WEXFORD, IRELAND, Y35 FP8A. TO ACCESS YOUR DATA, A FEE OF €6.35 IS CHARGEABLE UNDER THE TERMS OF THE DATA PROTECTION ACTS AND CHEQUE SHOULD BE MADE PAYABLE TO WRIGHTWAY UNDERWRITING LIMITED.

BY PROVIDING US WITH YOUR INFORMATION AND PROCEEDING WITH THIS CONTRACT, YOU CONSENT TO ALL OF YOUR INFORMATION BEING USED, PROCESSED, DISCLOSED, TRANSFERRED AND RETAINED FOR THE PURPOSES OF INSURANCE ADMINISTRATION (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

PLEASE NOTE THAT A COPY OF OUR FULL DATA PROTECTION AND PRIVACY POLICY CAN BE VIEWED ON OUR WEBSITE [WWW.WRIGHTWAY.IE](http://WWW.WRIGHTWAY.IE) OR REQUESTED BY WRITING TO OUR DATA PROTECTION OFFICER AT WRIGHTWAY UNDERWRITING LIMITED, WRIGHTWAY HOUSE, ARDCAVAN BUSINESS PARK, ARDCAVAN, WEXFORD, IRELAND, Y35 FP8A.

## STEP BY STEP GUIDE TO MAKING A PROPERTY CLAIM

- If you have suffered a loss or damage to your property, you should contact your insurance intermediary 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.
- **If you wish, you may appoint a registered Public Loss Assessor to assess and prepare your claim. However please note that such cost is not recoverable under the terms of your policy.**
- We may appoint a Loss Adjuster to act on our behalf to inspect the loss or damage, and we will inform your insurance advisor of the Loss Adjusters contact details, if one is appointed.
- The claim number, and claims handlers' details, will be sent to your insurance intermediary within 5 days, together with a Claim Form for completion.
- Please return your completed Claim Form to your insurance intermediary, together with detailed written estimates/quotations for the loss or damage. All estimates/quotations should include a detailed description of the damage, together with confirmation of the cause of loss.
- Please provide photographs of all damage to your property. Photographs may be given to your insurance advisor, or you may also email them to [claims@wrightway.ie](mailto:claims@wrightway.ie).
- **Please ensure you quote your Policy Number or Claim Number on all correspondence.**
- Please note you should not proceed with repairs without our approval (other than emergency repairs to limit the damage). Please retain all damaged items, so that we may inspect them if necessary.
- Please note you must report any incident involving a loss of property, theft, malicious damage, or hit and run damage to the Garda.
- On receipt of your Claim Form and estimates, your claims handler will decide whether they can settle your claim, or appoint a Loss Adjuster.

### Important

Terms, conditions and general policy exclusions apply to your policy and these will be fully explained to you by your insurance intermediary. You may also refer to your policy schedule and document for all terms, conditions and general policy exclusions, if you wish to check same.

Please note that an **excess** may apply to your claim. An excess is the first part of the claim for which you are liable to pay. For further details, please check your policy schedule and document, or contact your insurance intermediary.

Wrightway aim to provide financial support to customers throughout the claim process, to ensure that repair or reinstatement of the property is completed to the satisfaction of the customer.

Where we elect to settle your claim on a cash basis, we may release a proportion of the estimated cost of repair/reinstatement prior to completion of the work. You must keep your receipts for any repair/reinstatement work as you will need to validate these costs. The balance of the cost, known as a 'staged claim payments', will be paid to you on receipt of the relevant documentation that validates the costs incurred by you for the repair/reinstatement work (e.g.VAT invoices).

**While we are dealing with your claim we may contact you by telephone, email or letter to progress your claim. We wish to advise you that for training, customer service and fraud prevention purposes, your calls to our office may be recorded.**

CBL Insurance Europe DAC is regulated by the Central Bank of Ireland.