



**THEFT / FIRE CLAIM FORM**

INSURED						
Full name _____			Policy No _____			
Private address _____			Date of expiry of policy _____			
			Broker _____			
Business address _____			Email Address _____			
Profession or Business _____			Tick type of cover: 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.

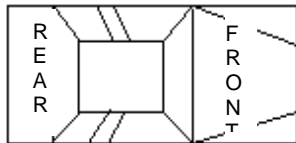
**DESCRIPTION OF LOSS  
PLEASE GIVE A SHORT DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**HAVE YOU ANSWERED ALL QUESTIONS FULLY?**

## DATA PROTECTION

ENTERPRISE INSURANCE COMPANY PLC (IN LIQUIDATION) ('ENTERPRISE', 'WE', 'OUR', 'US') AND WRIGHTWAY UNDERWRITING LTD ("WUL") WILL HOLD YOUR DETAILS 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.

### PRIVACY POLICY

FOR FURTHER INFORMATION PLEASE SEE OUR PRIVACY POLICY WHICH IS AVAILABLE ONLINE AT [WWW.EIGPLC.COM/ENTERPRISE%20PRIVACY%20NOTICE%2018.05.18.PDF](http://WWW.EIGPLC.COM/ENTERPRISE%20PRIVACY%20NOTICE%2018.05.18.PDF) AND WUL'S PRIVACY POLICY WHICH IS AVAILABLE AT [WWW.WRIGHTWAY.IE/REGULATIONS](http://WWW.WRIGHTWAY.IE/REGULATIONS).

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

#### ENTERPRISE INSURANCE COMPANY PLC (IN LIQUIDATION)

- CUSTOMER SERVICES ON +35 0 2004 5502
- EMAIL US AT [ENQUIRIES@GI.GT.COM](mailto:ENQUIRIES@GI.GT.COM)
- DATA PROTECTION OFFICER, ENTERPRISE INSURANCE COMPANY PLC (IN LIQUIDATION), C/O GRANT THORNTON LIMITED, 6A QUEENSWAY, P.O. BOX 64, GIBRALTAR

#### WRIGHTWAY UNDERWRITING LTD

- CUSTOMER SERVICES ON 053 916 7100
- EMAIL US AT [DATAPROTECTIONOFFICER@WRIGHTWAY.IE](mailto:DATAPROTECTIONOFFICER@WRIGHTWAY.IE)
- DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LTD, LIMEKILN HOUSE, DRINAGH, WEXFORD, CO. WEXFORD, IRELAND, Y35 KX2P

## 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.