

LIGHT COMMERCIAL VEHICLE ACCIDENT REPORT FORM

PLEASE FORWARD AT ONCE ANY CORRESPONDENCE YOU MAY RECEIVE FROM A THIRD PARTY, AN GARDA SIOCHANA, A HOSPITAL, A SOLICITOR ETC. PLEASE ENSURE THAT ALL PERSONAL EFFECTS ARE REMOVED FROM THE VEHICLE.

INSURED	POLICY NUMBER
Full name _____	Broker _____
Private Address _____	Cover Type _____
_____	Home Phone _____
_____	Other Phone _____
_____	Email Address _____
_____	VAT Registered? _____

DRIVER (PLEASE COMPLETE EVEN IF THE OWNER WAS DRIVING OR THE VEHICLE WAS UNATTENDED)	
Name & Address of person in charge of the vehicle for the purpose of driving _____	Home Phone _____
_____	Other Phone _____
_____	Employer _____
_____	Occupation _____
Age _____	Date of Birth _____
Drivers Licence (Irish/Int) _____	Please enclose copy (front and back)
Full/Provisional _____	Date test passed _____
If Provisional, were you accompanied by a fully licenced driver? _____	
Details of summonses from any previous driving offences or fixed penalties _____	
Vehicle being used without knowledge or consent? _____	
Details of any previous accidents or thefts _____	
Result of any breath/urine/blood test _____	
Is the driver insured under any other policy? _____	If Yes, please give details: _____

VEHICLE	
Make & Model _____	Colour _____ Cubic capacity _____
Mileage _____	Estimated present value _____ Registration _____
Is there any other policy in force covering the vehicle? _____	If Yes, please give details: _____
Journey from _____	To _____
What was the purpose of the journey? ("Private" is not sufficient) _____	
Details of any alternations or modifications _____	
DOE Certificate Number _____	DOE Expiry Date _____
If you are not the owner, who is the owner? _____	How many vehicles do you own? _____
Details of owner's insurance _____	
Name & address of hire purchase or lease company (if any) _____	HP/Lease agreement no _____
_____	Approx amount outstanding _____

ACCIDENT			
Date _____	Time _____	Location _____	
Speed of your vehicle before accident _____	At impact _____	Condition of road _____	
Speed of other vehicle before accident _____	At impact _____	Was the horn sounded? _____	
Lights displayed: your vehicle? _____	Other vehicle? _____	Road width? _____	Speed limit? _____
Distance from near side kerb: your vehicle? _____	Other vehicle? _____	Any road signs? _____	
Were you to blame for the accident? _____			
Damage to insured's vehicle _____			
Was statement made to Garda? _____		Did Garda attend the scene? _____	
If Yes, Name, Badge No & Station: _____			
Has notice been given or prosecution been given? _____			
Was admission of liability made by either party? _____		If Yes, by whom? _____	
Any CCTV footage available? _____		If Yes, please provide details of where we can apply to view this: _____	
Any Photos of vehicles after accident available? _____		If Yes, please forward _____	

DESCRIPTION OF ACCIDENT – WRITTEN & PROVIDE A SKETCH ON SEPARATE SHEET

NUMBER OF OCCUPANTS IN VEHICLES
Your Vehicle _____
Third Party Vehicle _____

DETAILS OF OTHER PARTIES INVOLVED				
NAME/ADDRESS OF OWNER / DRIVER	REGISTRATION	INSURERS	POLICY NUMBER	APPARENT DAMAGE

Are any parties known to you? _____ If Yes, please give details: _____

PERSONS INJURED			
NAME/ADDRESS	PEDESTRIAN / DRIVER / PASSENGER	APPARENT INJURY	HOSPITALISED?

WITNESSES			
NAME/ADDRESS	TELEPHONE	AGE (IF UNDER 18)	YOUR PASSENGER?

ALL COMMUNICATIONS RECEIVED FROM OTHER PARTIES – ACCOUNTS FOR EMERGENCY TREATMENT FROM HOSPITALS OR DOCTORS, ANY NOTICE OF INTENDED PROSECUTION, SUMMONS OR COURT WRIT MUST BE FORWARDED UNANSWERED TO YOUR BROKER WITHOUT DELAY.

INSURER'S MAY EXCHANGE INFORMATION WITH EACH OTHER AND CHECK YOUR DETAILS WITH FRAUD-PREVENTION AGENCIES AND DATABASES. ALL PHONE CALLS RELATING TO CLAIMS MAY BE TAPE RECORDED AND THE RECORDINGS MAY BE USED TO PREVENT FRAUD, FOR TRAINING AND QUALITY CONTROL PURPOSES.

I CONFIRM THAT THE FOREGOING PARTICULARS AND STATEMENTS TO BE TRUE AND CONFIRM THAT THE UNDERWRITERS MAY SETTLE THIS CLAIM AS THEY DEEM NECESSARY. FURTHERMORE, IN THE EVENT THAT THE VEHICLE IS A TOTAL LOSS I/WE AUTHORISE MY/OUR INSURER'S TO MOVE THE VEHICLE FOR SAFE KEEPING WHILE NEGOTIATIONS ARE PROCEEDING.

DATE:

INSURED'S SIGNATURE:

HAVE YOU ANSWERED ALL QUESTIONS FULLY?

SHOULD YOU NEED TO PROVIDE ADDITIONAL INFORMATION PLEASE CONTINUE ON A SEPARATE SHEET.

DATA PROTECTION

WATFORD INSURANCE COMPANY EUROPE LIMITED ('WATFORD', '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.WATFORDRE.COM/PRIVACY-AND-DATA-PROTECTION-POLICY 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.

WATFORD INSURANCE COMPANY EUROPE LIMITED

- CUSTOMER SERVICES ON +1 441 278 3454
- EMAIL US AT WATFORDDPO@WATFORDHOLDINGS.COM
- DATA PROTECTION OFFICER, WATFORD INSURANCE COMPANY EUROPE LIMITED, PO BOX 1338, GRAND OCEAN PLAZA, FIRST FLOOR, OCEAN VILLAGE, GIBRALTAR, GX11 1AA

WRIGHTWAY UNDERWRITING LTD

- CUSTOMER SERVICES ON 053 916 7100
- EMAIL US AT 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.