

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.

- IMPORTANT:**
- 1) INCOMPLETE REPORT FORMS WILL NOT BE ACCEPTED
 - 2) INCOMPLETE FORMS WILL BE RETURNED HENCE CAUSING DELAYS
 - 3) ALL QUESTIONS MUST BE ANSWERED
 - 4) QUESTIONS LEFT BLANK OR N/A WILL NOT BE ACCEPTED

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

DRIVER		TO BE COMPLETED BY THE PERSON LAST DRIVING OR IN CHARGE OF THE VEHICLE
Name & Address of person driving or last in charge of the vehicle _____		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 _____
Have you or the driver ever been convicted of any offence or incurred a fine? _____		
Have you or the driver ever been involved in any accident? _____		
Have you or the driver ever been involved in any other incident in connection with a motor vehicle? _____		
If the answer to any of the above questions is 'YES' please give full details below		

DATE	DRIVER	CIRCUMSTANCES / DETAILS	CONVICTION TYPE / CODE	FINE / SENTENCE

Have you or the driver ever been refused insurance or had any insurance cancelled or been refused renewal? _____

Was the vehicle being used with your knowledge and consent? _____

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? _____			
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? _____	
Damage to insured's vehicle _____			
** ENSURE TACHOGRAPH IS ATTACHED TO THIS FORM IN ALL CASES **			
Was statement made to Garda? _____	Did Garda attend the scene? _____		
If Yes, Name, Badge No & Station: _____			
Has notice been given or prosecution been given? _____			
If Yes, please give details: _____			
Do you feel you were liable for this accident? _____	Please give full details: _____		
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 – TO BE COMPLETED BY DRIVER, IF POSSIBLE -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:

IMPORTANT:	Have you read this Claim Form?	Have you completed a sketch?
	Are all questions answered fully?	Have you enclosed photographs?
	Have you given a full statement as to the circumstances?	Have you signed the Claim Form?

**** IMPORTANT – PLEASE ENCLOSE TACHOGRAPH ****

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

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 ZURICH 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); THE INTEGRATED INFORMATION DATA SYSTEM ('IDS') 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, LIMEKILN HOUSE, DRINAGH, WEXFORD. 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 OR REQUESTED BY WRITING TO OUR DATA PROTECTION OFFICER AT WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, WEXFORD.

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.