



ZURICH
COMMERCIAL VEHICLE
ACCIDENT REPORT FORM



Please return this form to your broker or to:
Wrightway Underwriting Ltd
Limekiln House, Drinagh, Wexford
Tel: 053 9167100
Fax: 053 9143999

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

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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

ZURICH INSURANCE PLC ('ZURICH', '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 US AND/OR 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.

WE AND/OR 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, WE AND/OR 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 US AND/OR 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 THE ZURICH INSURANCE GROUP ("THE 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 US AND/OR 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. PLEASE SEE OUR DATA RETENTION POLICY AT WWW.ZURICH.IE/PRIVACY-POLICY AND WUL'S DATA RETENTION POLICY AT WWW.WRIGHTWAY.IE/REGULATIONS/RETENTION.HTM

PRIVACY POLICY

FOR FURTHER INFORMATION PLEASE SEE OUR PRIVACY POLICY WHICH IS AVAILABLE ONLINE AT WWW.ZURICH.IE/PRIVACY-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.

ZURICH INSURANCE PLC

- CUSTOMER SERVICES ON 053 915 7775
- EMAIL US AT DATAPROTECTIONOFFICER@ZURICH.IE
- DATA PROTECTION OFFICER, ZURICH INSURANCE PLC, ZURICH INSURANCE, PO BOX 78, WEXFORD, IRELAND.

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.