

**WRIGHTWAY HOME PROTECTOR
INCIDENT REPORT FORM**

Please return this form to your broker or to:

Wrightway Underwriting Ltd
Limekiln House, Drinagh, Wexford
Tel: 053 9167100
Fax: 053 9143999

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

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: _____

Insurers address: _____

5. Have you ever suffered loss or damage that would have been covered by this policy or have you claimed against any insurer for any of the risks covered by this policy before? Yes No If yes, give details below: _____

Part C – Description of property lost, stolen or destroyed

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	When and where you bought it	Price you paid	Amount claimed
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
	Total	€	€

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 ZURICH INSURANCE PLC

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 PROPERTY CLAIM

- IF YOU HAVE SUFFERED A LOSS OR DAMAGE TO YOUR PROPERTY, 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. YOU MAY ALSO AVAIL OF THE EMERGENCY HELPLINE, 053 9167100 DURING OFFICE HOURS, OR 1890 208 408 OUTSIDE OFFICE HOURS.
- **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 ADVISOR WITHIN 5 DAYS, TOGETHER WITH A CLAIM FORM FOR COMPLETION.
- PLEASE RETURN YOUR COMPLETED CLAIM FORM TO YOUR INSURANCE ADVISOR, 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 .
- **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 AND CONDITIONS APPLY TO YOUR POLICY AND THESE WILL BE FULLY EXPLAINED TO YOU BY YOUR INSURANCE ADVISOR. YOU MAY ALSO REFER TO YOUR POLICY SCHEDULE AND DOCUMENT FOR ALL TERMS AND CONDITIONS, 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 ADVISOR.

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 WRIGHTWAY ELECT TO SETTLE A CLAIM ON A CASH BASIS, WE MAY RELEASE PAYMENT OF A PROPORTION OF THE ESTIMATED COST OF REPAIRS / REINSTATEMENT PRIOR TO COMPLETION OF THE WORKS, IN ORDER TO FACILITATE THE CLAIMS PROCESS. THE BALANCE, OTHERWISE KNOWN AS A "RETENTION AMOUNT", WILL BE ISSUED ON RECEIPT OF THE APPROPRIATE DOCUMENTATION, THAT VALIDATES PROOF OF EXPENDITURE (VAT INVOICES FROM ALL REPAIRERS / TRADESMEN / CONTRACTORS YOU ENGAGE TO CARRY OUT REPAIRS / REINSTATEMENT).

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.