MOTOR INCIDENT REPORT FORM

RedClick

CLAIM NUMBER: _____
(Office use only)

POLICYHOLDER

Policy Number _____ Renewal date _____
Full Name _____
Postal Address _____ Post code (If applicable) _____
Occupation _____ Date of Birth _____
Telephone Number (Home) _____ (Business) _____ (Mobile) _____
Is the policyholder registered as a taxable person for V.A.T? Yes/No V.A.T. Number _____

INSURED VEHICLE

Make and Model _____ Reg. No. _____
Year of Make _____ Cubic Capacity _____
Type of Body _____ Colour _____
Date of first registration _____
Chassis No. _____ Vehicle Identification No.(VIN) _____
Name and Address of Owner _____
Has the vehicle been modified? _____
If vehicle is subject to Leasing Agreement, state name of Finance Company, Address and Agreement number

_____
State fully the purpose of which the vehicle was being used: _____
Was a trailer attached? Yes / No
state the weight and nature of any goods carried _____

DRIVER

Note: all the questions should be answered, whether or not the policyholder was driving.
Name _____
Address _____

_____
Telephone Number (home) _____ (Business) _____
Occupation _____ Date of Birth _____
Was the vehicle being driven with your permission? Yes/No
Is this person the regular user of the vehicle? _____
Has the driver any conviction for any offence in connection with any motor vehicle? Yes/No
If YES, give details including dates: _____
Does driver suffer from any physical defect or disability? Yes/No
If YES, give details: _____
Has the driver been refused motor vehicle insurance or continuance thereof? Yes/No
Has the driver been involved in any previous accidents, thefts or claims? Yes/No
If YES, give details including dates: _____

_____
Does the driver own a vehicle? Yes/No
Was the driver licensed to drive the vehicle? Yes/No Was the licence Full or Provisional? _____
If Full, state date upon which driving test passed _____ If Provisional, state country where licence was issued _____
Driving Licence Number _____ Dates Licence Operative _____

PARTICULARS OF ACCIDENT

Date _____ Time _____ am/pm Place _____

Weather _____ Visibility _____ Yards _____

What lights were lit on the vehicle _____

Speed (a) before the accident _____m.p.h. /_____k.p.h (b) a t the moment of the accident_____m.p.h. /_____k.p.h

Speed limit on road Were there any road signs _____

Distance from nearside _____feet Was the insured in or on the vehicle _____

Was your horn sounded? Yes/No

Who in your opinion was to blame and why? _____

_____

Were alcohol/drugs in anyway a contributory factor to the accident _____

Did Gardaí take particulars? Yes/No If so, state Officer's name _____

Station to which officer was attached _____

Was any driver breathalysed? Yes/No

Has a Notice of Intention to Prosecute been given or received? If yes, give details: _____

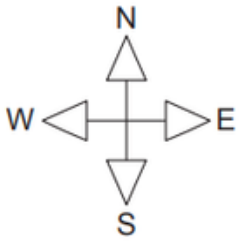
_____

STATEMENT

State fully how accident occurred and with what objects your vehicle came into contact:

PLEASE GIVE SKETCH OF ACCIDENT HERE

Where possible include details of the roads/road markings/signs, vehicles involved and direction of their travel



Give Names and Addresses of all Independent Witnesses and Telephone Numbers

_____

_____

_____

_____

Give Names and Addresses of all Passengers in Vehicles and Telephone Numbers. If details not available, state how many passengers were in each car including Policy holder's car

_____

_____

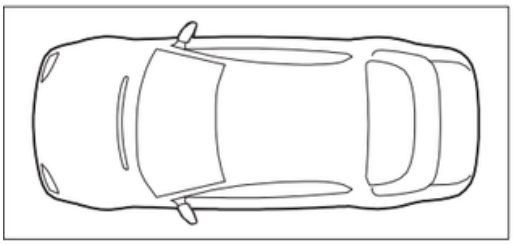
_____

_____

DAMAGE TO THE INSURED VEHICLE (IF RECOVERED)

What damage was caused to the Insured vehicle?

(Show area of impact by arrow)



_____

_____

_____

Repairer's name, address and telephone no._____

_____

Where the damaged vehicle may be inspected _____

_____

If vehicle in use, please confirm when available for inspection _____

_____

In all cases where your vehicle is damaged, and should you be entitled to claim under the policy, please send an estimate for repairs to RedClick Insurance immediately.

Is vehicle considered to be a write off? Yes/No

If so, please advise (I)Date of purchase _____ (2) Purchase price_____(3) Present value _____

OTHER VEHICLES INVOLVED (Please continue on separate sheet if necessary)

(1) Name and Address of Driver and/or Owner _____

Registration No. _____

Insurers and Policy No. _____

Apparent Damage: _____

_____

(2) Name and Address of Driver and/or Owner _____

Registration No. _____

Insurers and Policy No. _____

Apparent Damage: _____

_____

OTHER PROPERTY DAMAGED *(Apart from vehicles)*

Name and Address of Owner (if known) _____

_____

Nature of damage _____

_____

_____

PERSONS INJURED

Name and Address	State whether Driver Passenger,Pedestrian Or Cyclist	Registration Mark of Vehicle in which travelling	Were seat belts worn	Taken to Hospital Yes/No	Apparent Injuries

We are committed to providing all our customers with a high standard of service at all times. However if you are unhappy with the service provided please contact us at 01 553 4040.

Data Protection Statement

The information you provide will remain confidential and will be used to record and cross reference the particulars of your claim with insurance industry databases (such as Insurance Link) used for the prevention of fraud. It may be necessary to exchange your information with regulatory and policing bodies, service providers or private investigators appointed by us, agents and other insurance companies. We may also need to collect and disclose sensitive data (such as medical condition and criminal convictions) relating to you with the relevant parties which are listed above. For more information on how we process your data and on your privacy rights, please read our Data Protection Notice available at www.redclick.ie/privacy-policy-and-general-data-protection-regulation

Have you/your driver made (or are you making) a claim upon any other party? Yes/No

Has any claim been made against you? Yes/No If so, verbally or in writing? _____

Any communications you receive about the incident should not be answered but sent to the Company immediately.

I/We declare that the above information and statements are true and correct to the best of my/our knowledge.
I/We understand that you may need to exchange information with other insurance companies or interested parties.
I am aware that it is a criminal offence to attempt to defraud an insurer and that I/we may be prosecuted.

Signature _____ **Date** _____