

## Motor Incident Report Form

<b>Policy No:</b>	<b>Claim Ref:</b>	<b>Insurer:</b>
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- Complete sections A to H and section K when reporting an **Accident**.
- Complete sections A, B, C, D, H, I, J and K when reporting a **Theft, Fire or Vandalism**.

- Checklist:
- ☐ Sign & return this form to Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford.
  - ☐ Garda complete Section J, *where applicable*
  - ☐ Provide all witness and third party information, *where applicable*
  - ☐ If your vehicle is stolen and not recovered or written off, please include the Original Vehicle Licensing Certificate and all vehicle keys and return to us by registered post.

A

### POLICYHOLDER DETAILS

Policyholder Name:	Policyholder D.O.B:		
Policyholder Address:			
Email Address:	Telephone Number:		
Occupation:	Are you registered for VAT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B

### DRIVER DETAILS

Drivers' Full Name:	Drivers' D.O.B:
Drivers' Address:	
Drivers' Occupation	Drivers' Telephone No:

**Does the Driver have a Motor Insurance Policy in their own name?** Yes ☐ No ☐

If "Yes", please provide the following details: Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Has the driver notified their own Insurers of this accident? Yes ☐ No ☐

Does the driver own the vehicle? Yes ☐ No ☐ Is the driver paid to drive the vehicle? Yes ☐ No ☐

Has the Policyholder or the driver ever had any penalty points? Yes ☐ No ☐

If "Yes", give details: \_\_\_\_\_

**Has the Policyholder or the driver ever been...**

1. Refused motor insurance, renewal or had special terms imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Convicted of a motoring offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Involved in a previous motor accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes" to any of the above, give full details: \_\_\_\_\_

C

### DRIVING LICENSE DETAILS

Licence Type	Full (Irish) <input type="checkbox"/> Provisional (Irish) <input type="checkbox"/> European <input type="checkbox"/>	Country of Issue: _____
Licence No: _____	How long have you held this licence? _____	

## Motor Incident Report Form

What category is the driver licensed to drive *(please tick all applicable)*

A ☐ B ☐ C ☐ C1 ☐ D ☐ D1 ☐ EB ☐ EC ☐ EC1 ☐ ED ☐ ED1 ☐ F ☐ G ☐ W ☐

D

### INSURED VEHICLE DETAILS

Registration Number: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Engine Capacity: \_\_\_\_\_ cc

Estimated value at time of accident: \_\_\_\_\_ Number of Seats in the vehicle: \_\_\_\_\_

Does the vehicle have a valid NCT / DOE certificate? Yes ☐ No ☐

Date of last test: \_\_\_\_\_

Who is the vehicle registered to? \_\_\_\_\_

Is the vehicle subject to a hire purchase or leasing agreement? Yes ☐ No ☐ If "yes", complete the following;

Name of Hire Purchase Provider / Leasing Company : \_\_\_\_\_

Agreement Reference Number: \_\_\_\_\_

Was a trailer attached at the time of the accident? Yes ☐ No ☐

State the weight and nature of goods carried if any: \_\_\_\_\_

Describe the damage to your vehicle: \_\_\_\_\_

Is your vehicle still mobile? Yes ☐ No ☐ Where is your vehicle? \_\_\_\_\_

E

### PASSENGERS IN YOUR VEHICLE

Were there any passengers in your vehicle? Yes ☐ No ☐ If "Yes", provide details below;

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

Seatbelt worn? Yes ☐ No ☐ Don't Know ☐

Seatbelt worn? Yes ☐ No ☐ Don't Know ☐

*Please continue on a separate sheet if necessary.*

F

### WITNESS DETAILS

Please provide details of any/all witnesses:

Name	Address	Telephone No.	Do you know this person?
_____	_____	_____	_____
_____	_____	_____	_____

G

### DETAILS OF OTHER DRIVERS, VEHICLES OR PROPERTY

Were any other vehicles involved in this accident? Yes ☐ No ☐ If "Yes", provide details below;

Drivers' Name: \_\_\_\_\_

Drivers' Address: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Drivers' Telephone No: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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**Were there any passengers in the other vehicle?**

Yes ☐ No ☐

If "Yes", provide details below;

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

Seatbelt worn? Yes ☐ No ☐ Don't Know ☐

Seatbelt worn? Yes ☐ No ☐ Don't Know ☐

*Please continue on a separate sheet if necessary.*

H

### ACCIDENT DETAILS

Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Did your vehicle collide with a pedestrian?

Yes ☐ No ☐

If "Yes", provide details below;

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

Reported Injuries? \_\_\_\_\_

*Please continue on a separate sheet if necessary.*

Was he / she on a pedestrian crossing? Yes ☐ No ☐

Was there a crossing nearby? Yes ☐ No ☐

Did an ambulance or other emergency medical personnel attend? Yes ☐ No ☐

How fast were you driving? \_\_\_\_\_

What was the speed limit? \_\_\_\_\_

Describe the road conditions at the time: \_\_\_\_\_

Was the incident reported to An Garda Síochana? Yes ☐ No ☐

If "Yes", give details below;

Garda Name: \_\_\_\_\_

Garda Station: \_\_\_\_\_

Did the Garda witness the accident? Yes ☐ No ☐ Did they see the vehicles before they were moved? Yes ☐ No ☐

Have you provided or have you been asked to provide a written statement to An Garda Síochana? Yes ☐ No ☐

Have you been notified or are you aware of any Garda prosecutions resulting from this incident? Yes ☐ No ☐

If "Yes", provide details: \_\_\_\_\_

Had you consumed any alcohol or drugs prior to driving your vehicle on this occasion? Yes ☐ No ☐

Were any persons breathalysed by Gardaí? Yes ☐ No ☐ If "Yes", give details: \_\_\_\_\_

## Motor Incident Report Form

**Written Description of Incident** – *Please give as much information as possible to help us assess liability. Please confirm exactly how the incident happened and confirm details of all damaged property.*

**Please provide a sketch of the incident and include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact.**

**In your opinion, who is to blame for this incident and why:**



# Motor Incident Report Form

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**FIRE, THEFT OR VANDALISM**

Fire ☐

**Theft** ☐

**Vandalism** ☐

**Date and time of loss:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location vehicle was found: \_\_\_\_\_

**Date and time somebody was last with the vehicle:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location vehicle was left: \_\_\_\_\_

In case of theft, has the vehicle been found?      Yes ☐ No ☐      If "Yes", where is it now:

Was the vehicle locked?    Yes ☐ No ☐

Was the alarm on? Yes ☐ No ☐ N/A ☐

Did the vehicle have any previous damage?      Yes ☐ No ☐

If "Yes", give details:

Was the immobiliser on?    Yes ☐ No ☐ N/A ☐    How many sets of keys did you have?

Do you know of any witnesses? Yes ☐ No ☐ If "Yes", provide details:

Name	Address	Telephone No.	Do you know this person?
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Was the incident reported to An Garda Síochána?    Yes ☐ No ☐    If "Yes", give details below;

Garda Name:	Garda Station:
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Did the Fire Brigade attend? Yes ☐ No ☐ If "Yes", give details below;

Name of Station: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Mileage on vehicle at time of loss: Kms ☐ Miles ☐

**Written Description of Incident** – *Please give as much information as you know about this incident:*

1

## REPORTING TO AN GARDA SÍOCHANA

**This is to certify that:** \_\_\_\_\_ *(Person's name)*

**Of:** \_\_\_\_\_ *(Person's address)*

Reported to this station on the undernoted date the loss of or damage to the property described in Sections D & I above.

**Date Reported:** \_\_\_\_\_ **To your knowledge is any person likely to be charged?** Yes ☐ No ☐

**The interest of Ornella Underwriting Limited has been noted**

Garda Name:

### Station Stamp

Garda Signature: \_\_\_\_\_

Pulse ID:

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K

### DATA PROTECTION

Your Personal Data will be used to enable us to fulfil our contractual obligations in relation to your insurance cover and the provision of any ancillary risk management services. We will process (collect, store and use) the information you provide in a manner compatible with the EU's General Data Protection Regulation (GDPR). We will endeavour to keep your information accurate and up to date, and not keep it for longer than is necessary.

We may pass your personal data on to third-party service providers contracted to Ornella in the course of dealing with you. Any third parties that we may share your data with are obliged to keep your details securely, and to use them only to fulfil the service they provide on your behalf. When they no longer need your data to fulfil this service, they will dispose of the details in line with Ornella procedures.

We recommend you read our Privacy Policy. It is available on our website [www.ornellaunderwriting.ie](http://www.ornellaunderwriting.ie). If you cannot access our website, please let us know. We will provide a copy by email or post.

L

### DECLARATION

**I/ we declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance in my/our power in dealing with the matter.**

Signed: ✖

Date:

**Please return to Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford**