

Motor Incident Report Form

Policy No: _____	Claim Ref: _____	Insurer: _____
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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 No

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) Provisional (Irish) European Country of Issue: _____

Licence No: _____ How long have you held this licence? _____

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 Motor Incident Report Form

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 <input type="checkbox"/> No <input type="checkbox"/>		Date of last test: _____
Who is the vehicle registered to? _____		
Is the vehicle subject to a hire purchase or leasing agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>		
State the weight and nature of goods carried if any: _____		
Describe the damage to your vehicle: _____		
Is your vehicle still mobile? Yes <input type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

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: _____

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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

Please continue on a separate sheet if necessary.

Motor Incident Report Form

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: _____*

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:

I Motor Incident Report Form

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?

Was the incident reported to An Garda Síochana? 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:
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Mileage on vehicle at time of loss: _____ Kms Miles

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

J

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:	

K

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. I/We understand that the information given on this form may be submitted to solicitors appointed by Ornella Underwriting Limited, for use in connection with any claim, litigation or threat thereof arising out of this incident.

Signed: ✖	Date:
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Please return to Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford