



Motor Vehicle Accident/Loss

Report Form

AA Claims Assist Call Save Line 1850 200 921

N.B. All questions must be fully answered. If claimed for Theft please note that only sections 1, 2, 3, 9 and 10 need to be completed. If claiming for Fire note that only Sections 1, 2, 3 and 9 need to be completed.

Please use BLOCK LETTERS and tick boxes as appropriate.

Policy No.

1 Policyholder

Name of Policyholder in full

Home Address Home Phone Mobile Phone Email

Business Address Business Phone Email

Business or Occupation Full/Part Time

Are you registered for VAT? Yes No If 'Yes', please give VAT Number

2. Driver Details (Particulars of person at the time of the accident, or, in the case of Fire/Theft the person last in charge)

Name of Driver

Address of Driver Home Phone Mobile Phone Email

Date of Birth Occupation Full/Part Time Business Phone Email

Driving Licence No. Expiry Date Classes of Licence held

Full or Provisional If 'Full', please advise when test passed If 'Provisional', please advise on length of driving experience yrs

Is the driver covered under any other motor insurance? Yes No

If 'yes', please give details of: Insurer Policy No.

Was the driver using the vehicle with the Policyholder's knowledge/consent? Yes No

Was the driver in the policyholder's vehicle employed? Yes No

Has the driver: (i) ever been convicted of any motoring offence or is in any prosecution pending? Yes No

If 'Yes', please give details

(ii) been involved in any motor accidents in the past 5 years? Yes No

If 'Yes', please give details

(iii) been refused motor insurance? Yes No

If 'Yes', please give details

(iv) had any special motor insurance terms imposed on them? Yes No

If 'Yes', please give details

Who is the main driver of the vehicle? Name Date of Birth

3. Vehicle Details

Reg Number	Make and Model	Colour	Engine Capacity	Cubic Capacity	Year of Manufacture	Were Goods Vehicleried?	No. of Trailers being drawn
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the vehicle: a) owned by the Policyholder? Yes No

If 'No', please give details of: owner insurer

b) registered in the Policyholder's name? Yes No

If 'No', give details of: registered owner

Name of Hire Purchase/Leasing Company or other institution, if any

State date first registered as new Estimated value at time of incident €

For what purpose was the vehicle being used? (Please give exact details). (Please note: Terms such as Social Domestic and Pleasure wil not suffice).

4. Vehicle Details (Continued)

Where is the vehicle usually garaged?

Has the vehicle been altered or modified in any way Yes No

If 'Yes', please give details

Is the vehicle fitted with seatbelts? Yes No

If 'Yes', please advise whether in: Front Back Both

State date of purchase / / Present recorded mileage Amount paid €

If claim is not Fire damage please state

Cause of Loss Date Loss

State damage to your vehicle

Name and address of repairers and where vehicle can be inspected

Phone No Email

Is the vehicle at the repairer's now? Yes No If 'No', when will it be taken there?

5. Accident Details

Date of accident / / Time am/pm

Place/Town

Width of road Road conditions Weather conditions

<i>Insured Vehicle</i>
<input type="text"/>
Estimated speed <input type="text"/>
Position on road <input type="text"/>
Was horn sounded? <input type="text"/>
What lights were used? <input type="text"/>

<i>Third Party Vehicle</i>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Was the accident reported to the Garda Siochana/Police Yes No

If 'Yes', please state Name and Number of Garda

Address of station

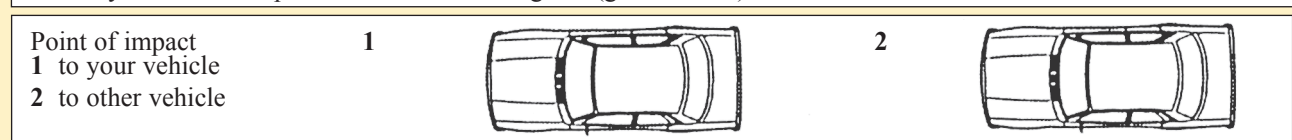
Did they take statements Yes No Did they take measurements? Yes No

Was either driver breathalysed? Yes No

If 'Yes', please give details

Description of Accident (Full and accurate details, including details of any signals given by either party)

Who do you think is responsible and to what degree? (give reasons)



Sketch Plan

Please show the position of the vehicles on the road at the time of impact and indicate the direction of travel by means of arrows. Please also indicate signs and markings, etc.

6. Passengers in your vehicle (If more than 3 persons, please supply details separately)

Full Name	1	2	3
Address			
State whether Front or Rear seat passenger	Front <input type="checkbox"/> Rear <input type="checkbox"/>	Front <input type="checkbox"/> Rear <input type="checkbox"/>	Front <input type="checkbox"/> Rear <input type="checkbox"/>
Was seatbelt worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Other Party Details (If more than 3 persons, please supply details separately)

Owner/Driver	1	2	3
Address			
Vehicle Registration			
Extent of damage			
Insurance Company			
Policy Number			

8. Injured Persons (If more than 3 persons, please supply details separately)

Name and Age	1	2	3		
Address					
Details of injury					
State if:	Passenger	Driver	Pedestrian	Cyclist	Motorcyclist
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In which vehicle?	1	2	3		
Was a seatbelt worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this person removed to hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this person detained in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

9. Witnesses (If more than 3 persons, please supply details separately)

Name and Age	1	2	3
Address			
State if Passenger or Pedestrian			
If Passenger, state in which vehicle			

10. Theft Details

Date of theft/attempted theft / / Place Town

Time vehicle left unattended am / pm Time loss/damage discovered am / pm

Was vehicle secure when left? Yes No If 'Yes', state how

Is the vehicle alarmed? Yes No If 'Yes', was it switched on at the time? Yes No

Explain in detail how the loss occurred

Name of Station and Garda to whom theft/attempted theft was reported

Is there any other insurance covering this loss? Yes No

If 'Yes', please give details of insurer

Unrecovered Vehicle (If vehicle has not been recovered please give the following information)

Chassis No. Engine No.

Please give details of any pre-theft damage or distinguishing features

Please advise of any additional equipment fitted since purchase (supporting documents required)

To process your claim we will require

- (1) Purchase documents. (2) Registration Book. (3) Service/Maintenance bills. (4) Vehicle keys

Recovered Vehicle / Attempted Theft

Details of Damage

Name and address of repair Phone No.

Is the vehicle at the repairers? Yes No

If 'No', when will it be taken there? Estimate for repairs required

Stolen Property

Give details of any property stolen/damaged and advise us of age and value (NB replacement valuations/purchase documents required)

Please give details of Household Contents/All Risk Insurer

Name Policy No.

Has a claim been made in respect of items in vehicle ? Yes No

Declaration

I/We declare these particulars to be true and complete and that I/we have disclosed all information in my/our possession I/We understand that the information given on this form may be submitted to solicitors for use in connection with litigation arising out of this accident.

I/We further understand that in respect of a theft claim and subsequent to payment if any property whatsoever is recovered it is the property of Chartis Europe Limited.

Chartis Europe Limited is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to Chartis or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at www.chartisinsurance.com/ie, by e-mailing postmaster.ie@chartisinsurance.com or by writing to the Data Protection Officer at Chartis Europe Limited, Ireland Branch, Chartis House, Merrion Road, Dublin 4.

Signature of Insured Date

**This form must be completed by the Garda Siochana and returned to us within forty-eight hours.
Notification to an Garda Siochana**

I wish to report the Theft/Loss of the undernoted property valued approximately €

From (Address/Scene) on / /

Reg Number	Make and Model	Colour	Engine Capacity	Year of Manufacture	Mileage at date of loss
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For completion by an Garda Siochana

This is to certify that (name)

of (Address)

reported to this station on
this date the Theft/Loss of

We have noted in our records the interest of AA Claims Assist

Signed (Garda) Date / /

I declare that the foregoing statements are true to the best of my knowledge and belief.

Signature of Policyholder Date / /

Stamp