

**1. INSURED**

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Home Tel. No: \_\_\_\_\_

Business Tel. No: \_\_\_\_\_

Policy No

Broker/Agent

Are you registered for VAT?  YES  NO

**2. DRIVER OF VEHICLE IMMEDIATELY PRIOR TO**

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Business Tel. No: \_\_\_\_\_

**3. DETAILS OF LOSS**

For what precise purpose was the vehicle being used?  
 \_\_\_\_\_

Was the vehicle locked when left?  YES  NO

What other precautions where taken against theft?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the vehicle usually kept in a locked garage?  YES  NO

**3. DETAILS OF LOSS** continued

Explain in detail how loss occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and time when loss was reported to police:  
 Time \_\_\_\_\_  a.m.  p.m. Date D\_\_\_\_ / M\_\_\_\_ /Y\_\_\_\_

Address of Garda Station \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Garda and Number (if known)  
 \_\_\_\_\_

**4. VEHICLE**

Vehicle Reg. No.	C.C. of engine	Make & Model
<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Make	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Are you the sole owner?  Yes  No

In whose name is the vehicle registered?  
 \_\_\_\_\_

State date of first registration as new?  
 Date D\_\_\_\_ / M\_\_\_\_ /Y\_\_\_\_

Name of Hire Purchase Company, if any  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximate amount outstanding  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF THE VEHICLE HAS NOT BEEN RECOVERED  
GIVE THE FOLLOWING INFORMATION**

CHASSIS NO. \_\_\_\_\_  
 ENGINE NO. \_\_\_\_\_  
 PRESENT MILEAGE \_\_\_\_\_  
 Colour and Condition of body  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Colour and condition of upholstery  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Purchase  
 Date D\_\_\_\_ / M\_\_\_\_ /Y\_\_\_\_  
 Price Paid € \_\_\_\_\_  
 Present Value € \_\_\_\_\_

Describe any marks, defects or features which might assist in identifying vehicle \_\_\_\_\_

When was the vehicle last serviced or repaired  
 \_\_\_\_\_

Please supply details of garage, name, address and phone number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF THE VEHICLE HAS SUSTAINED DAMAGE  
GIVE THE FOLLOWING INFORMATION**

Was the Vehicle Recovered?  YES  NO  
 Where was it recovered?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When was damage caused?  
 Date D\_\_\_\_ / M\_\_\_\_ /Y\_\_\_\_

**DETAILS OF DAMAGE**

Repairers where vehicle can be examined  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Tel. No: \_\_\_\_\_

Is vehicle at repairers now?  YES  NO

If no, when will it be taken there  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** An estimate for repairs must be forwarded immediately

**IF YOUR POLICY IS FULLY COMPREHENSIVE AND IF ANY MANUFACTURER'S STANDARD ACCESSORIES HAVE BEEN STOLEN, GIVE THE FOLLOWING INFORMATION**

Description of Property	Name of Owner	Date Purchased	Price Paid	Allowance for wear and tear or depreciation	Amount Claimed

Is the loss or damage covered by any other policy?  YES  NO  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

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**SIGNATURE OF INSURED (if a company or firm, give status of signatory)**

I/We declare the foregoing particulars to be true and complete in every respect.  
 Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_