

# REPORT FORM

# Asgard

Willis Grand Mill Quay, Barrow Street, Dublin 4

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (AIB) and to other anti-fraud registers. The aim is to help us to check the information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register(s).

## SECTION 1 - DETAILS RELATING TO THE INSURED AND INSURANCE COVER

Title	Mr / Mrs / Miss / Ms / Company (Please delete as appropriate)	Telephone No - Home	
Full Name of Insured		Telephone No - Work	
Address		Full Time Occupation	
		Part Time Occupation	
Postcode		Cover	Comprehensive / TPF&T / TPO (Please delete as appropriate)
Policy No		Are you VAT registered	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claim No		Broker	

## SECTION 2 - DETAILS OF ACCIDENT, FIRE OR THEFT

Date/Time:	Date reported to Insured	Weather Conditions	
Place i.e. Road	Town	County	
Reason for Journey	Did the Gardai attend	Yes/No	Garda details i.e.
	Please quote the Garda Pluse No.		Station
Was anyone cautioned or breathalysed	Who	Results	
THEFT Please note it usually takes 4 to 6 weeks to investigate a theft claim.			
Is the thief known to you	Was the vehicle locked	Yes/No	Were the keys removed
How many keys were you given when you purchased the vehicle	Yes/No		
Was an alarm or immobiliser fitted	Was it engaged	Yes/No	Make/Model

## SECTION 3 - DETAILS OF DRIVER OR PERSON LAST IN CHARGE OF THE INSURED VEHICLE

PLEASE SUBMIT A COPY OF THIS PERSONS DRIVING LICENCE WITH THIS REPORT FORM (Including Front and Rear of Photo-card)

Title	Mr/Mrs/Miss/Ms/Company (please delete as appropriate)	Date of Birth	
Name		Date HGV/PSV Test Passed	Groups
Address	Date Test Passed		
	Expiry Date		
Postcode	Occupation		
Licence	Full/Provisional/Foreign/HGV etc. (please state)	Country of Issue	UK/EIRE/OTHER (please state)
Length of Residency			
Please give details of any medical condition affecting you. If none please state NONE			
Please give details of any motoring conviction or pending prosecution. If none please state NONE		Please give details of any previous losses. If none please state NONE	

## SECTION 4 - VEHICLE DETAILS

Make	Model	Registration No	
Date Purchased, Hired or Leased	Year of Make	Purchase Price	Estimated Present Value
Type of Vehicle	Engine Size	Mileage	
Date last MOT passed	Was a Trailer/Caravan attached	Length of Trailer/Caravan	
Name & Address of HP/Lease Company			
HP/Lease agreement No.	Was the vehicle being used with your permission		Yes/No
<b>COMMERCIAL VEHICLES ONLY</b>			
Gross vehicle weight	Length of vehicle	Type of load	
Do you hold an Operators Licence	Yes/No	Licence No.	Expiry Date

## PLEASE GIVE OWNERSHIP DETAILS IF YOU WERE DRIVING A VEHICLE THAT IS NOT OWNED BY YOU

Name	Title	Mr/Mrs/Miss/Ms/Company (please delete as appropriate)
Address	His/Her Insurance Company	
Postcode	Policy No	

**SECTION 5 - DAMAGE TO OWN VEHICLE**

If the vehicle is damaged beyond economic repair we will move it to safe storage pending settlement of your claim. Please remove your personal effects as soon as possible.

<b>DEGREE OF DAMAGE</b>		<b>THEFT: If the vehicle has been recovered</b>	
Is the vehicle still in use	Yes/No	Who recovered the vehicle	
Is the vehicle unable to be driven	Yes/No	Where was it found	
Has the vehicle been recovered	Yes/No	Where has it been taken	

**DETAILS OF OTHER VEHICLE OR PROPERTY INVOLVED**

Title	Mr/Mrs/Miss/Ms/Company (please delete as appropriate)	Make	Model
Name		Colour	Was their vehicle driven away Yes/No
Address		Damage	
		Insurers	
Postcode	Vehicle Registration	Policy Number	

**SECTION 6 - FULL DESCRIPTION OF ACCIDENT OR THEFT**

Please give a full description of the Accident, Fire or Theft	Sketch plan (please show road signs and markings)	
Speed of your vehicle at time of accident		
Speed of other vehicle at time of accident		

**SECTION 7 - LIABILITY**

Who in your opinion was to blame	Are you pursuing a claim for uninsured losses	Yes/No
In the event of Civil Litigation do we and our Solicitors have your permission to admit liability and negligence		Yes/No

**SECTION 8 - WITNESS OF ACCIDENT**

	WITNESS 1	WITNESS 2
Title (Mr/Mrs/Miss/Ms)		
Name		
Address		
Postcode		
Status		

**SECTION 9 - PERSONS INJURED**

	INJURED PERSON 1	INJURED PERSON 2
Title		
Name		
Address		
Postcode		
Nature of Injury		
Seat belt used		
Hospitalised		
Status	Passenger / driver / pedestrian	

Number of passenger in your vehicle

Number of passengers in other vehicle

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects and request you deal on my/our behalf with any claims which may arise out of the incident in accordance with the terms and conditions of the insurance.

Signature of Insured

Date

If the insured is a Company of Firm, the official stamp must be used together with the status of the person signing