

Motor Incident Report Form

Motor Claims

Claim Number

Please complete this form fully and return it to Allianz as soon as possible. Please note that the issue of this form is not an admission of liability on the part of the company and that all claims are subject to policy terms and conditions.

BEFORE COMPLETING THIS FORM, PLEASE SEE INSTRUCTIONS BELOW. **PLEASE USE BLOCK CAPITALS.**

Instructions

1. This form should be completed by the policyholder.
2. In the event of an **accident** please complete all sections except section 8.
3. In the event of a **theft** please complete sections 1, 2, 3, 8, 9 and 11 only.
4. In the event of a theft please get An Garda Síochána to complete 8b.
5. In the event of windscreen breakage please complete sections 1, 2, 3, 9 (include date of breakage) and 11 only.
6. Please make sure this form is properly completed, sign it and date it.
7. If you are claiming for damage to your own vehicle please send us a detailed estimate without delay.
8. Note: Any claim will be handled in line with the cover granted by your policy.

Type of cover (please tick):
 Comprehensive
 Third party fire & theft
 Third party only

Type of claim (please tick):
 Accident
 Theft/attempted theft
 Windscreen

1. Policyholder details

Name:

Address:

Date of birth: / /

Policy Number:

Date of last premium payment: / /

Occupation:

Telephone Number: Home:
 Work:
 Mobile:

Email address:

Are you registered for VAT? Yes No If 'Yes', state registered number:

2. Vehicle details

Registration Number:

Make:

Model:

Horse power/cubic capacity (H.P./C.C.):

Year of manufacture:

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

State the weight and nature of goods carried, if any:

To what extent has the vehicle been damaged?

Where may the vehicle be inspected?

In whose name is the vehicle registered?

Is the vehicle solely owned by the registered owner? Yes No

If 'No', give details:

Does any financial institution or hire purchase company have an interest in the vehicle? Yes No

If 'Yes', give name and address:

3. Person driving (In the event of theft give details of the person last in charge of the vehicle)

Name: _____

Address: _____

Date of birth: ____/____/____

Occupation: _____

Licence Number: _____

Type of Licence: Full Provisional

Date first issued (if Provisional): ____/____/____

Date test passed (if Full): ____/____/____

Licence operative from: ____/____/____

Number of Penalty Points e.g. 0, 2, 4, etc.: ____

Did the driver have the policyholder's permission to drive the vehicle? Yes No

For what purpose was the vehicle being used?

Was the driver separately insured under any other motor policy? Yes No

If 'Yes', give name of insurance company and policy number: _____

State relationship of the driver to the policyholder (family, employee, etc.):

Does the driver suffer from any physical or mental disabilities? Yes No

If 'Yes' please give details: _____

Has the driver ever been:

(i) Refused motor insurance, renewal, or had special terms imposed? Yes No

(ii) Convicted of a motor offence? Yes No

(iii) Involved in a previous motor accident? Yes No

If 'Yes', to (i), (ii) or (iii) above, please give details: _____

4. Accident details

Location: _____

Date: ____/____/____ Weather conditions: _____

Time: _____ am/pm Road conditions: _____

Speed limit: ____ km/hr Lighting conditions: _____

Speed before impact: Insured: ____ km/hr Third party: ____ km/hr Visibility conditions: _____

Speed at impact: Insured: ____ km/hr Third party: ____ km/hr Width of road: _____

Name of station and Garda/Police Officer to whom the accident was reported?

Were alcohol/drugs in any way a contributing factor to the accident? Yes No

If 'Yes', give details: _____

Was the driver's view obstructed in any way? Yes No

If 'Yes', give details: _____

How far away was the other party when first seen by the driver? _____

What signals were given? Insured: _____ Third party: _____
(horn/hand/indicators/lights)

Has a notice of intention to prosecute been given or summons received? Yes No

If 'Yes', give details: _____

5. Other vehicle(s) or property involved

	1.	2.	3.
Name of owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of owner:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Registration Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance company:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Person(s) injured

	1.	2.	3.
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent of injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Were they driver/passenger/ pedestrian/cyclist etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/>
In which vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was a seat belt in use?	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. Witness(es) details

	1.	2.	3.
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Were they passenger/ pedestrian/etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/>
If a passenger, which vehicle were they in?	<input type="text"/>	<input type="text"/>	<input type="text"/>

8a. Theft details

Date vehicle left unattended: / /

Time vehicle left unattended: am/pm

Date loss discovered: / /

Time loss discovered: am/pm

How was the vehicle secured prior to the theft?

Name of station and Garda/Police Officer to whom theft was reported:

Mileage at time of loss:

Date vehicle purchased: / /

Purchase price: €

Your estimate of current value: €

Detail any marks, damage or other special features which would help establish the identity of the vehicle:

Detail any property stolen from the vehicle, including age and value:

List any major parts which have been renewed in the last 12 months (attach invoices where possible):

List any 'extras' fitted to the vehicle:

8b. This section only to be completed by An Garda Síochána

Garda Station address: _____

Date: _____/_____/_____

Division: _____ District: _____

This is to certify that (name): _____
of (address): _____

reported to this station on the undernoted date, the loss/theft of property
as itemised and valued as estimated in section 8a.

Date reported: _____/_____/_____

The interest of Allianz p.l.c. has been noted.

Signed: **X** _____ (Garda)



9. Circumstances of accident

Please describe in detail exactly how loss/damage/theft occurred.

Who was responsible for the accident? _____

Why? _____

Have you/your driver made (or are you making) claim(s) against any other party? Yes No

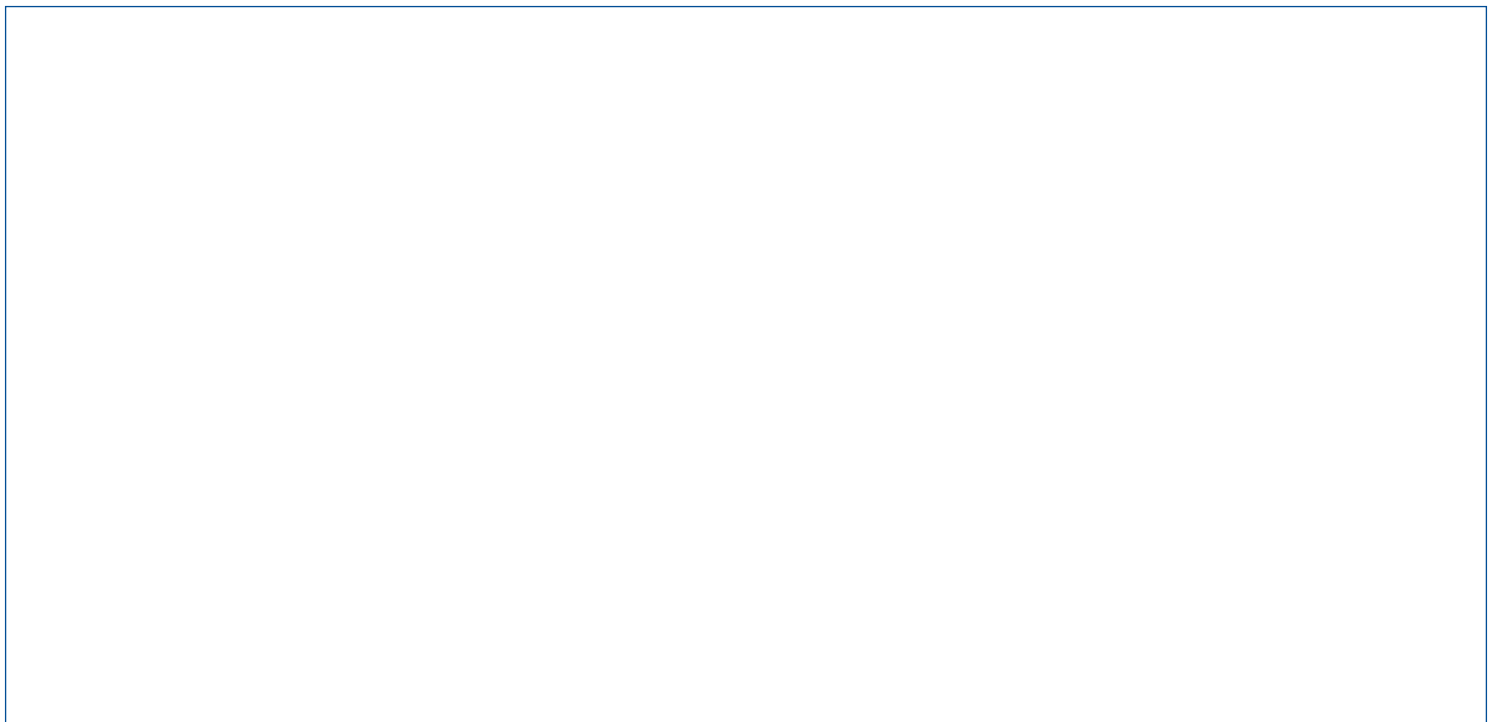
Have any claims been made against you/your driver? Yes No

If 'Yes', state by whom, and for what amounts? _____

10. Sketch

Please provide a clear sketch of the accident scene.

Where possible include details of the roads, road markings, road signs, vehicles involved and the direction of the vehicles.



Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data *for the performance of the contract or to take steps prior to entering into the contract of insurance*. The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud,
 - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
 - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
 - private investigators when we need to further investigate certain claims,
 - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
 - other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
 - An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
 - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
 - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

Automated decision making

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Direct Marketing

If your chosen preference is to receive marketing, we may contact you by email, SMS, phone or post with helpful information on products, services, special offers and competitions. If you no longer wish your information to be used for marketing purposes please write to us at Allianz Plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6 or e-mail us at info@allianz.ie

11. Declaration

I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured party.

Signature of Policyholder  _____ Date / /

IMPORTANT

Any letter, claim, writ, summons or other document received in relation to an accident should immediately be sent to Allianz unanswered.

Please return completed form to:

Allianz p.l.c.,
Allianz House,
Elmpark,
Merrion Road,
Dublin 4,
D04 Y6Y6.

Telephone: (01) 1890 779999 (calls may be recorded)
Fax: (01) 613 4444
Email: info@allianz.ie
Website: www.allianz.ie

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Calls may be recorded or monitored for regulatory, training and quality purposes.