

Motor Accident Report Form

Please help us to help you by:

- making sure the information you give is as clear and complete as possible
- completing all the relevant sections of this form
- remembering to sign and date this form



Claim reference

PARTICULARS OF MOTOR ACCIDENT

I. Insured:

Policy number

Name

Address

Telephone numbers

Home

Work

Mobile

Occupation

Email address

Are you registered for VAT ?

Yes

No

2. Driver of Insured's Vehicle:

Name

Address

Occupation

Date of birth

Licence number

Vehicle groups

Full or provisional

Date of issue

If applicable, state heavy goods vehicle or public service vehicle }

Licence no.

Date of expiry

State whether:

i) Owner of vehicle

Yes

No

ii) Owner's paid driver

Yes

No

iii) Driving on insured's orders/consent

Yes

No

iv) Has motor policy in own name

Yes

No

If 'Yes', please provide details

v) Do you suffer from any infirmity or disease ?

Yes

No

If 'Yes', please provide details

vi) Have you had any previous accidents within the past 5 years ?

Yes

No

If 'Yes', please provide details

vii) Have you ever been convicted of a motoring offence ?

Yes

No

If 'Yes', please provide details

viii) Are proceedings pending for a motoring offence ?

Yes

No

If 'Yes', please provide details

3. Insured's Vehicle:

Make and model

Registration number

What purpose was the vehicle being used at the time of accident?

Was vehicle being used for hire or reward ?

Yes

No

Was vehicle being used on insured's order or consent ?

Yes

No

Was a trailer being used ?

Yes

No

If 'Yes', please give details of trailer

Who is the main user of the vehicle ?

Is the vehicle the subject of a Leasing Agreement ?

Yes

No

Name of Leasing Company:

Address

Account number

4. Damage to Insured Vehicle:

If the damage to your vehicle is covered, using one of our Recommended Repairers offers advantages including guaranteed repairs and speedier settlement of your claim. If not previously advised details of your nearest Recommended Repairer can be obtained by phoning 1890 92 42 28.

Details of damage

Repairers name

Address

Telephone

Estimated cost of repairs ?

Where can the vehicle be inspected ?

5. Details of Accident:

Date	<input type="text"/>	Time	<input type="text"/>
Place	<input type="text"/>		
Weather conditions	<input type="text"/>		
Estimated speed of insureds vehicle	<input type="text"/>		
What speed limit is in operation ?	<input type="text"/>		
Were you governed by yield/stop signs or traffic lights ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were the traffic lights working ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If pedestrian involved,was he/she on a pedestrian crossing ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, is there a crossing nearby ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

How did the accident occur ? (detailed information to be given)

(Continue on a separate sheet, if necessary)

Whom do you consider to be at fault and why ? (detailed information to be given)

Explanatory sketch:

Details of Impact and Area of Damage:

Insured's Vehicle	Other Vehicle
	

6. Witnesses:

Were particulars of accident taken by a Garda ?

Yes No

If 'Yes' state Garda's name and station

Was the Garda a witness to the accident ?

Yes No

Were statements of blame made by the driver or witnesses ?

Yes No

If 'Yes', please give details:

Give names and addresses of all witnesses to the accident

Name	Address	Telephone
1. Passengers in Insured's Vehicle		
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
2. Passengers in Third Party Vehicle		
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
3. Independent Witnesses		
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

7. Other Parties Involved:

Name and Address of owners of other vehicles involved

Name (1)	<div style="border: 1px solid black; width: 680px; height: 20px;"></div>	Tel	<div style="border: 1px solid black; width: 120px; height: 20px;"></div>
Address	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
Driver's name (if different)	<div style="border: 1px solid black; width: 730px; height: 20px;"></div>		
Driver's address	<div style="border: 1px solid black; height: 20px;"></div>		
Registration number	<div style="border: 1px solid black; width: 160px; height: 20px;"></div>	Make of vehicle	<div style="border: 1px solid black; width: 180px; height: 20px;"></div>
Name of insurer	<div style="border: 1px solid black; width: 210px; height: 20px;"></div>	Policy number	<div style="border: 1px solid black; width: 180px; height: 20px;"></div>
Damage details	<div style="border: 1px solid black; height: 20px;"></div>		
Name (2)	<div style="border: 1px solid black; width: 680px; height: 20px;"></div>	Tel	<div style="border: 1px solid black; width: 120px; height: 20px;"></div>
Address	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>		
Driver's name (if different)	<div style="border: 1px solid black; width: 730px; height: 20px;"></div>		
Driver's address	<div style="border: 1px solid black; height: 20px;"></div>		
Registration number	<div style="border: 1px solid black; width: 160px; height: 20px;"></div>	Make of vehicle	<div style="border: 1px solid black; width: 180px; height: 20px;"></div>
Name of insurer	<div style="border: 1px solid black; width: 210px; height: 20px;"></div>	Policy number	<div style="border: 1px solid black; width: 180px; height: 20px;"></div>
Damage details	<div style="border: 1px solid black; height: 20px;"></div>		

Injuries to other parties

Name (1)

Address

If passenger, state in which vehicle

Nature of injury

Was a seatbelt worn ?

Yes

No

Name (2)

Address

If passenger, state in which vehicle

Nature of injury

Was a seatbelt worn ?

Yes

No

Damage to property

Name

Address

Brief details

Declaration

- 1 I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.
- 2 I/We am/are aware that it is a CRIMINAL offence to defraud, or to attempt to defraud an insurer and that should I/we do so I/we may be prosecuted.
- 3 I/We am/are, by this notice, aware that RSA Insurance Ireland Limited will retain records of this claim and that they may release certain information to other insurers or other interested parties.

Signature(s)

 Insured)

Date

Signature(s)

 (Driver if different)

Date

RSA Insurance Ireland Limited records and data are kept and used in accordance with the Data Protection Act.

If you are completing this form for information purposes only rather than submitting a formal claim under your policy please tick this box

Additional Information



RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.
Telephone: 1890 290 100 Facsimile: (01) 290 1001
RSA Insurance Ireland Limited is registered in Ireland under number 148094 with registered office at
RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.
RSA Insurance Ireland Limited is regulated by the Financial Regulator.