

Motor Accident Report Form

THIS FORM MUST BE COMPLETED BY THE POLICYHOLDER AND/OR THE AUTHORISED DRIVER
PLEASE HELP US TO HELP YOU BY:



- MAKING SURE THE INFORMATION YOU GIVE IS AS TRUTHFUL AND ACCURATE AS POSSIBLE
- COMPLETING ALL THE RELEVANT SECTIONS OF THIS FORM
- REMEMBERING TO SIGN AND DATE THIS FORM

Claim reference

Declaration

1. I/We hereby declare that the below statement and information furnished by me/us or on my/our behalf are true and complete in every respect
2. I/We have disclosed all information in my/our possession
3. I/We am 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
4. I/We understand that RSA may seek information from other insurance companies or industry databases to check the information that I/we have provided
5. I/We understand that RSA will pass the information on this claim (and any incident of which I/we may provide details) to Insurance Link and other industry databases where it would be available to other insurance companies
6. I/We also understand, in response to any searches related to such information provided, Insurance Link and other insurance companies may pass onto RSA information it has received about other incidents involving anyone insured under the policy.

Signature(s)

 (Insured)

Date

Signature(s)

 (Driver if different)

Date

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

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

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

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

Driving Licence number

Vehicle groups
(you are licenced
to drive)

Full or provisional (enclose copy of licence front & rear)

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

Licence no.

Date of expiry

State whether:

i) Are you the Owner of the vehicle?

Yes No

ii) If you are not the owner of the vehicle are you the owner's paid driver?

Yes No

iii) If you are not the policyholder were you driving with the policyholder's orders/consent?

Yes No

2.Driver of Insured's Vehicle:(Continued)

iv) If this is not your vehicle do you have a motor policy in your own name? Yes No

If 'Yes', please provide details

v) Do you suffer from any illness, infirmity or disease? Yes No

If 'Yes', please provide details

If yes, have you informed the driving licence authority? Yes No

vi) Have you had any previous accidents? Yes No

If 'Yes', please provide details

vii) Have you ever been convicted of a criminal or motoring offence? Yes No

If 'Yes', please provide details

viii) Are proceedings pending for a criminal or motoring offence? Yes No

If 'Yes', please provide details

ix) Have you ever been declined motor insurance or has your policy ever been cancelled by your insurer or have you ever had any special terms imposed? Yes No

If 'Yes', please provide details

x) Do you have any penalty points? Yes No

If 'Yes', please provide details

3. Insured's Vehicle:

Make and model

Registration number

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

Was vehicle being used for hire or reward ? Yes No

Has the vehicle been modified ? 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 registered in your name? Yes No

Is the vehicle the subject of a Leasing Agreement ? Yes No

Name of Leasing Company:

Address

Account number

4. Damage to Insured Vehicle: (Please complete this section regardless of whether you are claiming for your own damage or not)

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.

Are you claiming for damage to your vehicle ? Yes No

Details of damage

4. Damage to Insured Vehicle: (Please complete this section regardless of whether you are claiming for your own damage or not)

Repairers name

Address

Telephone

Estimated cost of repairs ?

Where can the vehicle be inspected ?

5. Details of Accident:

Date Time

Place

Weather conditions

Estimated speed of insureds vehicle

What speed limit is in operation ?

Were you governed by yield/stop signs or traffic lights ? Yes No

Were the traffic lights working ? Yes No

If pedestrian involved, was he/she on a pedestrian crossing ? Yes No

If not, is there a crossing nearby ? Yes No

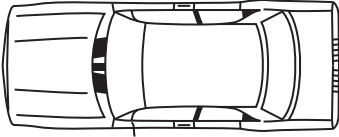
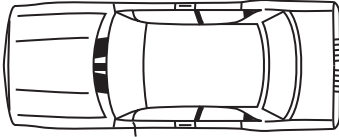
How did the accident occur ? (detailed information to be given)

(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 you breathalysed ? Yes No

If 'Yes', please provide details _____

Was your vehicle impounded by the Gardai ? 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		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. Passengers in Third Party Vehicle		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. Independent Witnesses		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

7. Other Parties Involved:

Name and Address of owners of other vehicles involved

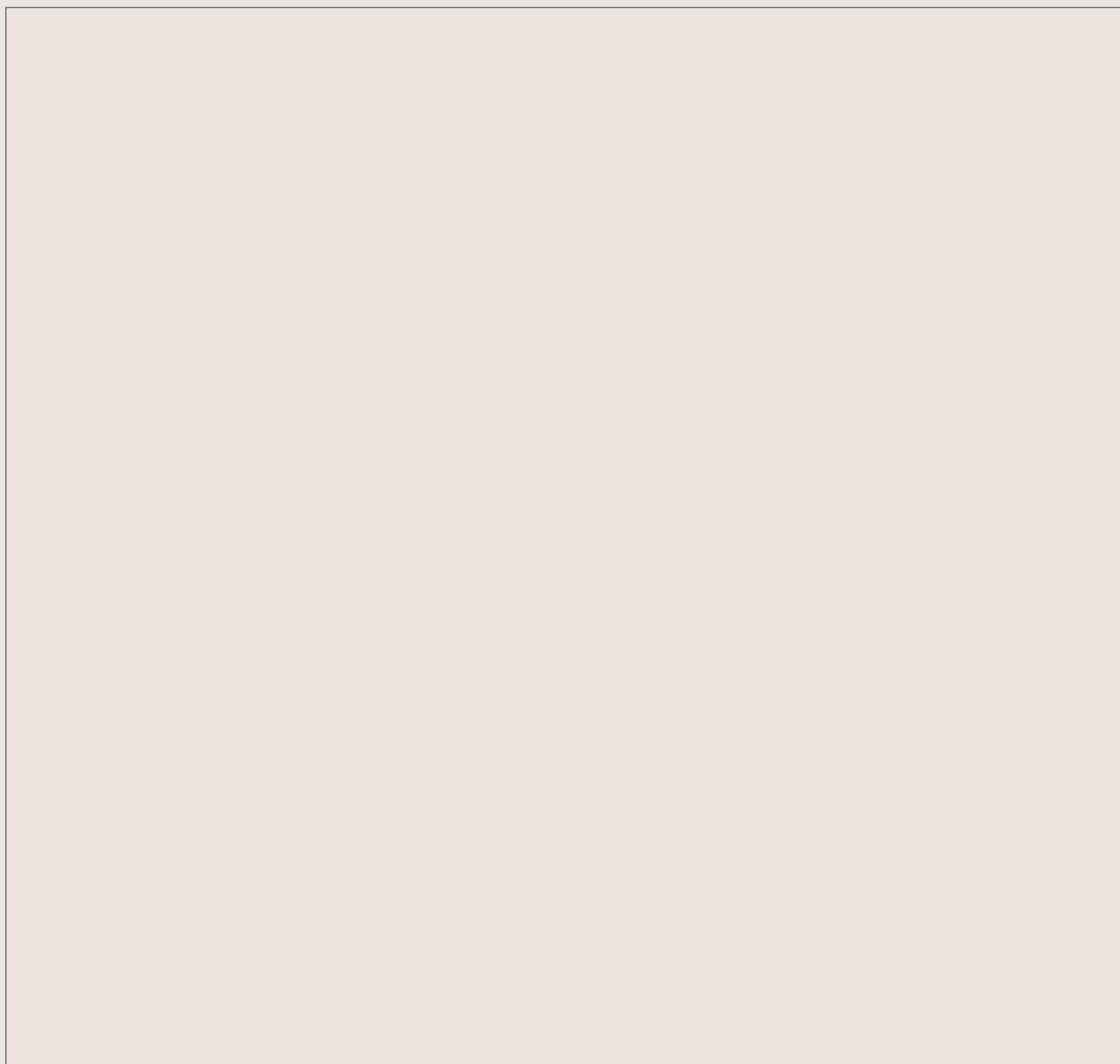
Name (1)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	
Driver's name (if different)	<input type="text"/>	
Driver's address	<input type="text"/>	
Registration number	<input type="text"/>	Make of vehicle <input type="text"/>
Name of insurer	<input type="text"/>	Policy number <input type="text"/>
Damage details	<input type="text"/>	
Name (2)	<input type="text"/>	Tel <input type="text"/>
Address	<input type="text"/> <input type="text"/>	
Driver's name (if different)	<input type="text"/>	
Driver's address	<input type="text"/>	
Registration number	<input type="text"/>	Make of vehicle <input type="text"/>
Name of insurer	<input type="text"/>	Policy number <input type="text"/>
Damage details	<input type="text"/>	

Injuries to other parties

Name (1)	<input type="text"/>		
Address	<input type="text"/> <input type="text"/>		
If passenger, state in which vehicle	<input type="text"/>		
Nature of injury	<input type="text"/>		
Was a seatbelt worn ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the injured person conveyed to hospital by ambulance ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name (2)	<input type="text"/>		
Address	<input type="text"/> <input type="text"/>		
If passenger, state in which vehicle	<input type="text"/>		
Nature of injury	<input type="text"/>		
Was a seatbelt worn ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was the injured person conveyed to hospital by ambulance ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Damage to property

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Brief details	<input type="text"/>



Customer Service

Customer Complaints Procedure

We are committed to providing our customers with a high standard of service at all times. If you have a complaint in connection with company service, the details of your policy, perceived conflict of interest or treatment of a claim please contact your Insurance Broker or our Customer Service team at;

RSA Insurance Ireland DAC

RSA House

Dundrum Town Centre

Sandyford Road

Dublin 16

D16 FC92.

Telephone: 1890 290 100 Outside Ireland: 00353 1 290 1000

Email: complaints@ie.rsagroup.com

In the event of your complaint not being resolved to your satisfaction you may contact The Insurance Information Service, Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, DOI E7E8. Telephone (01) 676 1820 or the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29. Telephone 1890 882 090 or (01) 662 0899.

RSA Data Protection Notice

We are committed to ensuring that your data is protected. This Notice specifically deals with a situation where you are making a claim either as a person who holds a policy with RSA or are making a claim against an RSA policyholder.

1. Who are we?

We are RSA Insurance Ireland DAC (RSA) and we provide commercial and personal insurance products and services. We also provide insurance services in partnership with other companies.

2. Why do we collect and use your personal information?

If you are an existing policyholder RSA will already have obtained personal data from you in order to provide you with a quotation and for the provision of insurance services in relation to your policy. In order to claim against your insurance policy, we normally need to collect information that evidences what happened in the incident, what losses you have suffered and this may, for certain policies, include sensitive data such as details of the injuries you have sustained.

If you are making a claim against an RSA policyholder we normally need to collect information that evidences what happened in the incident. We will also need to obtain details from you regarding the losses that you have suffered and this may include sensitive data such as details of the injuries you have sustained.

This information may be shared with other selected companies as part of the claims handling process. See Section 4 for further detail.

Data protection laws require us to meet certain conditions before we are allowed to use your personal information in the manner described in this Notice. We take our responsibilities under data protection laws very seriously, including meeting these conditions.

In order to provide you with this detail we have prepared the following which describes the purpose to which we are using your data in relation to our handling of claims and the legal basis for doing so.

Purpose	Legal Basis
To verify your identity and to verify the accuracy of the information we receive.	Processing is necessary for the performance of a contract. To comply with legal obligations.
To manage and investigate any claims made by you or another person under a policy of insurance.	Processing is necessary for the performance of a contract.
To make and receive any payments in relation to a claim.	Processing is necessary for the performance of a contract.
To detect and prevent fraud and other offences. To assist An Garda Síochána or any other authorised body with investigations.	Processing is necessary for the purposes of our legitimate interests. This interest is to investigate and prevent potential fraudulent and other illegal activity.
To manage and investigate any complaints.	Processing is necessary for the performance of a contract. Processing is necessary to comply with legal obligations.
To comply with laws and regulations.	Processing is necessary to comply with legal obligations.
For reinsurance purposes.	Processing is necessary for the performance of a contract.

3. Where else do we collect information about you?

Where possible, we will collect your personal information directly from you. However, on occasion we may receive information about you from other people or companies. For example, this can occur in the following situations:

- It was given to us by someone who is handling a claim on your behalf (e.g. a solicitor).
- The Injuries Board.
- Searches of publicly available information (e.g. online).
- The Insurance Link Anti-Fraud register (for more information see www.inslink.ie) and other insurers.
- Other fraud prevention databases available in the insurance industry.

4. Will RSA share your personal information with anyone else?

We may share your details with or seek information from a number of external parties such as:

- Your Intermediary, your solicitor & anyone authorised by you to act on your behalf,
- Our Third Party Service Providers such as technology suppliers, hosting/storage providers, payment providers and document providers.
- Loss Adjusters, claims investigators, repairers, medical practitioners, solicitors and other firms as part of the claims handling process.
- Other companies within the RSA Insurance Group.
- The Insurance Link Anti-Fraud register (for more info see www.inslink.ie) and other insurance companies.
- Private Investigators when we need to further investigate certain claims.
- Other fraud prevention databases available in the insurance industry.
- Our reinsurers

We may also share your personal information as a result of our legal and regulatory obligations. This can include with An Garda Síochána, other official agencies and on foot of a Court Order or Subpoena.

In order to provide you with the insurance policy, we may share your information with our service providers and on occasions, some of your personal information may be sent to other parties outside of the European Economic Area (EEA). We would only do this in compliance with the appropriate legal and technical safeguards such as the standard data protection clauses adopted by the European Commission, Binding Corporate Rules or as a result of an adequacy decision of the European Commission.

5. For how long will RSA keep your information?

All information in respect of a policy (to include claims on a policy) will be held for 7 years after the ending of the client/insurer relationship to ensure we meet our regulatory obligations. We will retain call recordings for 8 years from the date of the call.

6. What should you do if your information is incorrect?

If you think that the information we hold about you is incorrect or incomplete, please contact us and we will be happy to rectify it for you.

7. What are your rights over the information that is held by RSA?

We understand your information is important to you, therefore you may request us to undertake any of the following actions:

- 1 Provide you with the personal information we hold about you, in a commonly used electronic format (or hard copy if you wish).
- 2 Request your personal information to be deleted where you believe it is no longer required. Please note however, this request will not be valid while you are still insured with us and where we are subject to legal or regulatory obligations.
- 3 Request that we supply the personal information you have supplied to us, to another company. We would provide the information in a commonly used electronic format.
- 4 Request to restrict the use of your information by us.
- 5 Object to the processing of your data.

If you would like to request any of the above, please email us a request to ie_dataprotection@ie.rsagroup.com or write to us at the address contained in Section 9. To ensure that we do not disclose your personal information to a party who is not entitled to it, when you are making the request please provide us with:

- Your name;
- Address(es);
- Date of birth;
- Any policy IDs or reference numbers that you have along with a copy of your photo identification and proof of address.

All requests are free of charge although we reserve the right to charge an administrative fee for subsequent requests (such as when the request is part of a series of repeated requests over a short period of time). We endeavour to respond within one month from receipt of the request. If we do not meet this time frame, we will explain why this was in our response.

Please note that simply submitting a request does not mean we will be able to fulfil it – we are often bound by legal and legislative law which can prevent us fulfilling some requests in their entirety, but when this is the case we will explain this to you in our response.

Requests to restrict the use of your information or to object to the processing of your data may lead to RSA being unable to continue to deal with your claim or to service your policy and therefore lead to cancellation of your policy.

8. Changes to our Data Protection Notice.

This notice will be updated from time to time so please check it each time you submit personal information to us or renew your insurance policy.

9. How do you ask a question about this Data Protection Notice?

If you have any questions or comments about this privacy notice please contact:

The Data Protection Officer
RSA Insurance Ireland DAC,
Dundrum Town Centre,
Sandyford Road,
Dundrum,
Dublin 16,
D16 FC92

You may also email us at ie_dataprotection@ie.rsagroup.com.

10. How can you lodge a complaint?

If you wish to raise a complaint on how we have handled your personal information, please send an email to ie_dataprotection@ie.rsagroup.com or write to us using the address provided in Section 9. Our Data Protection Officer will investigate your complaint and will give you additional information about how it will be handled. We aim to respond in a reasonable time, normally 30 days.

If you are not satisfied with our response you can lodge a complaint to the Office of the Data Protection Commissioner, Canal House, Station Road, Portlaoine, Co Laois, R32 AP23.



RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

Telephone: 1890 290 100 Facsimile: (01) 290 1001

RSA Insurance Ireland DAC is registered in Ireland under number 148094 with registered office at

RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

RSA Insurance Ireland DAC is regulated by the Central Bank of Ireland.