



Broker

Policy No.

Sertus Insurance

2, Ballybrit Business Park, Ballybrit, Galway, Ireland

Telephone: 091 762727 Fax: 091 762724

Email: Claims@sertus.ie

Ver I10221MA

Motor Accident Report Form

N.B. It is essential that all questions be answered in a full and true manner. Failure to do so may invalidate your claim and the continuation of cover under your policy

Section A Policyholder	
Name	Business/Occupation Age at last Birthday
Address	Home Tel. No. Work Tel. No.
	Mobile No.
	E-mail Address
	Are you registered for VAT? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address where you can be interviewed (if required):

Section B Driver or Person in charge of the Vehicle	
Name	Age at last Birthday
Address	Business/Occupation
	Tel. No. Home Work

What type of licence do you hold? (Please enclose a copy of licence) FULL ☐ PROVISIONAL ☐ How many years held? Is licence in force? ☐ Yes ☐ No Date driving test passed / /Are you the registered owner of the car? ☐ Yes ☐ NoAre you the main driver of the car? ☐ Yes ☐ NoHave policyholder/driver ever been declined/refused Motor Insurance? ☐ Yes ☐ NoHave policyholder/driver any physical impairments, infirmity, sight or hearing loss? ☐ Yes ☐ No If "Yes", please give details:-Was alcohol/substance abuse a contributing factor? ☐ Yes ☐ No If "Yes", please give details:-Have policyholder/driver any motoring convictions, penalty points accrued or prosecutions pending? ☐ Yes ☐ No If "Yes", please give details:-Do you hold Motor Insurance in your own name? ☐ Yes ☐ No If "Yes", please give details:-Have you been involved in any motor accidents during the past 3 years? ☐ Yes ☐ No If "Yes", please advise:-
a) Date of Accident/Incident:
b) Type of Accident/Incident:

Section C Vehicle					
Make & Model (Incl. type of body)	Registration No.	CC	Year of Make	Petrol/Diesel	Date of Purchase

Is the vehicle registered in your name? ☐ Yes ☐ NoAre you the sole legal owner of the vehicle? ☐ Yes ☐ NoHas the vehicle been modified? ☐ Yes ☐ NoWas the vehicle used with your consent? ☐ Yes ☐ NoHow many passengers were being carried? Were they being carried for Hire or Reward? ☐ Yes ☐ No

For what purpose was the vehicle being used?

Were goods being carried, if so, for what purpose?

Is there a Hire Purchase Agreement on the vehicle? ☐ Yes ☐ No

If the vehicle is the subject of a Hire Purchase Agreement, please supply a copy of the agreement.

Section D Damage to the Insured vehicle

Extent of damage to your car.

Is the vehicle still in use? ☐ Yes ☐ No

Do you intend to claim? Yes / No Where can the vehicle be inspected?

Contact telephone number to arrange inspection?

An estimate should be sent to the Company. Repairs may proceed provided authorisation has been obtained from the Company**Section E Description of Accident**

Date of Accident	Time	Place & Town
What was the speed of a) your vehicle?	<input type="text"/>	b) the other vehicle? <input type="text"/>
What kind of lights were being shown by a) your vehicle?	<input type="text"/>	b) the other vehicle? <input type="text"/>
What were the weather conditions like? <input type="text"/>		Did you sound your horn? <input type="checkbox"/> Yes <input type="checkbox"/> No
What warning signs were given by either driver? <input type="text"/>		
State condition of road surface (loose chippings/oil spillage/ etc.)	<input type="text"/>	
What speed limit was applicable to the location of the accident?	<input type="text"/>	

Section F Circumstances of Accident (Please use a separate sheet if you have insufficient space)

Section G Sketch of Accident

Who do you feel is responsible for the accident?

Why?

Do you intend claiming directly from the other party? ☐ Yes ☐ No (If "YES", for our records, please advise us when your claim has been settled)

Section H Witnesses

Name & Address of all persons in your vehicle (show age if under 18 years old)

Contact Numbers:

1	
2	
3	
4	

Name & Address of any independent witnesses

Contact Numbers:

1	
2	
3	
4	

Details of Gardaí / Fire Brigade

Was the matter reported to the Gardaí ?	Yes / No
Did the Gardaí attend accident scene?	Yes / No
If Yes to above, state Garda name / station / pulse number (if available)	
Did the fire brigade attend the scene?	Yes / No

Section I Third Party Property Damage

Name & Address of the owners of the other vehicle / property

Registration no. of vehicle

Telephone No.
Name of Driver, if different

Make/Model

Name of Insurance Company

Policy Number

Damage to other vehicle

If more than one party, use additional sheet to give details

Section J Injured Parties

No. of Passengers: In **insured's** car?

Was any person injured? Yes / No

If "Yes", please give details below

Name	Address	Nature of injuries

Number of Passengers in **other** vehicle(s)?

Was any person injured? Yes / No

If "Yes", please give details below

Name	Address	Nature of injuries

Pedestrians (if applicable, give details below)

Name	Address	Nature of injuries

ALL CORRESPONDENCE RECEIVED FROM THIRD PARTIES OR THEIR REPRESENTATIVES MUST BE FORWARDED TO US WITHOUT DELAY

**Sertus Underwriting Limited trading as Sertus Insurance is a Multi-Agency Intermediary regulated by the Central Bank of Ireland
A RSA Group Company**

Data Protection Notice

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

Sertus Insurance Ireland Ltd is classified as a "Data Controller" under Irish Data Protection legislation. As a Data Controller we are required to explain how we may use your details and information you provide to us as part of your claim. We may need to collect sensitive data relating to you (such as convictions) in order to process your claim.

The information you provide will be used by us to process your claim and we may record and cross reference particulars in industry databases that allow us to detect and prevent fraudulent claims [The savings that we make help us to keep premiums and products competitive]. Calls may be recorded for quality assurance or verification purposes.

All personal information supplied by you will be treated in confidence by Sertus Insurance and will not be disclosed to any third parties except where your consent has been received or where permitted by law.

In order to provide you with products and services this information will be held in the data systems of Sertus Insurance or our agents or subcontractors.

Sertus Insurance may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside the EEA, but in all cases Sertus Insurance will ensure that your personal data is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

Insurance Industry Databases

We share and exchange all claims information with the Insurance link data base, run by the Irish Insurance Federation and may subscribe to other industry databases for fraud prevention purposes. Under the conditions of your policy, you must tell us about any incident which may or may not give rise to a claim. When you tell us about an incident, we may pass information relating to it to the Insurance Link and other industry databases.

We may request information about you and your claims history and / or share information we hold about you and your claims history with other insurance companies directly, their agents and with any other intermediary acting for you. If you have any query regarding this you can contact the Claims Manager, Sertus Insurance, Unit 2 Ballybrit Business Park, Ballybrit, Galway or contact Insurance Link directly at info@riskintelligence.ie web address www.riskintelligence.ie.

Fraud Prevention, Detection & Claims History

In order to prevent and detect fraud we may at any time:

- Share information about you with companies in the Royal & Sun Alliance group of companies ("RSA Group"), other organizations outside the RSA Group including.
- Where applicable, private investigators and public bodies including an Garda Siochana
- Check and / or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may also search these agencies and databases to:

Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;

- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

Access to your Personal Data

On payment of a small fee you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to Mr. Paul Kierans, General Manager, Sertus Insurance, Unit 2 Ballybrit Business Park, Ballybrit, Galway.

Consent

By providing us with your information you consent to all of your information being used, processed, disclosed and retained as set out above.

Customer Complaints Procedure

We are anxious to provide the highest quality of customer service at all times. We are eager therefore to learn about any aspect of our service or products not meeting customer expectations.

If you have a complaint in connection with company service, the details of your policy or treatment of a claim please contact your insurance broker or contact Mr. Paul Kierans, General Manager, Sertus Insurance, Unit 2 Ballybrit Business Park, Ballybrit, Galway.

In the event of the issue not being resolved you may contact:

- The Insurance Information Service of the Irish Insurance Federation, 39 Molesworth St., Dublin 2.Tel: 01 676 1820
- Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.Tel: 1890 88 20 90 or 01 662 0899

Contract Law

The parties to a contract of insurance covering a risk situated in the Republic of Ireland are permitted to choose the law applicable to the contract. This insurance contract will be governed by Irish Law.

Declaration: I/We hereby declare that to the best of my/our knowledge and belief that the information given on this claim form is full and true in every respect and that any misinformation could invalidate my/our right to indemnity under the terms of the policy.

Driver's Signature

X

Date

Policyholder's Signature

X

Date