

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

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

1. 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

☐

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

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

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

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

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Was the Garda a witness to the accident ?

Yes ☐

No ☐

Were you breathlysed ?

Yes ☐

No ☐

If 'Yes', please provide details

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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:

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Give names and addresses of all witnesses to the accident

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

1. Passengers in Insured's Vehicle

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2. Passengers in Third Party Vehicle

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3. Independent Witnesses

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7. Other Parties Involved:

Name and Address of owners of other vehicles involved

Name (1)

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Tel

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Address

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Driver's name (if different)

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Driver's address

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Registration number

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Make of vehicle

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Name of insurer

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Policy number

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Damage details

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Name (2)

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Tel

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Address

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|------------------------------|----------------------|-----------------|----------------------|
| 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

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

Declaration

- 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.
- 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.
- 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.
- I/We consent to RSA providing my name and address to a claimant solicitor and/or the Injuries Board. I understand that this will facilitate the processing of any claim made against my policy.

| | | | | |
|--------------|----------------------|-----------------------|------|----------------------|
| Signature(s) | <input type="text"/> | Insured) | Date | <input type="text"/> |
| Signature(s) | <input type="text"/> | (Driver if different) | Date | <input type="text"/> |

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

Customer Service

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 our Customer Complaints Manager; RSA Insurance Ireland Ltd, RSA House, Dundrum Town Centre, Sandyford Road, Dublin 16. Telephone no: (01) 2901000.

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. Telephone: (01) 6761820
- You may be eligible to take your complaint to the Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. Telephone: 1890 882090 or (01) 6620899

DATA PROTECTION NOTICE

RSA Insurance Ireland Ltd recognise that protecting personal information, including sensitive personal information, is very important and we recognise that our policyholders have an interest in how we collect, use and share such information.

Please read the following carefully as it contains important information relating to the information that is provided to us in connection with this insurance policy, either by or on behalf of the policyholder. If information is provided relating to any individual, the Policyholder is responsible for obtaining the individual's consent to the use of their data in the manner outlined below.

What does RSA do with Personal Data?

Information provided will be used by RSA for the purposes of processing the application for insurance and administering the insurance policy. RSA may require sensitive data relating to individuals (such as medical, health or conviction data) in order to process the application and/or any claim made. By providing such data you explicitly consent to it being retained and used and verified by RSA for the purposes set out in this Notice.

While RSA may disclose data to the policyholder and to any individuals related to the policy or their representatives, all information supplied will otherwise be treated in confidence by RSA. In particular, RSA will not disclose personal data to any third parties except

- a) to our agents, subcontractors and re-insurers
- b) to third parties involved in the assessment, administration or investigation of a claim,
- c) where consent has been received or
- d) where required or permitted by law.

In order to provide policyholders with products and services this information will be held in the data systems of RSA or our agents or subcontractors. RSA may pass information to other companies for processing on our behalf. Some of these companies may be based outside the EEA, but in all cases RSA will ensure that its transfers of data are lawful and that information is kept securely and only used for the purposes for which it was provided.

Calls to RSA may be recorded for quality assurance or verification purposes.

Fraud prevention, detection & claims history

In order to prevent and detect fraud and the non-disclosure of relevant information RSA may at any time:

- Share or verify information with companies within the RSA Insurance Group, other organisations outside the RSA Insurance Group including where applicable private investigators and public bodies including An Garda Síochána;
- Check and / or file details with fraud prevention agencies and databases, and if false or inaccurate information is given to us and we suspect fraud or a breach of a policy condition, we will record this. RSA may also search these agencies and databases to:
 - a) Help make decisions about the provision, refusal and administration of insurance, credit and related services for the policy holder and/or any person relevant to the policy (e.g. named drivers).
 - b) Trace debtors or beneficiaries, recover debt, prevent fraud and to manage accounts or insurance policies;
 - c) Check identity to prevent money laundering, unless other satisfactory proof of identity is supplied to us;
 - d) Undertake credit searches and additional fraud searches.

Insurance Database

Information about claims (whether by our customers or third-parties) made under policies that we provide is collected by us when a claim is made and is placed on an insurance industry database of claims known as Insurance Link. This information may be shared with other insurance companies, self insurers or statutory authorities.

Insurance companies share claims data:

- a. to ensure that more than one claim cannot be made for the same personal injury or property damage
- b. to check that claims information matches what was provided when insurance cover was taken out
- c. and, when required, to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Guidelines for sharing information with other insurance companies, self-insuring organisations or statutory authorities are contained in the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector which is available at www.dataprotection.ie. Under the Data Protection Acts 1988 and 2003 you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please contact us at the address below.

How to contact us:

On payment of a small fee an individual is entitled to receive a copy of the information we hold about them and to seek rectification of any inaccurate data. If you have any questions, or you would like to find out more about this notice you can write to the Data Protection Officer, RSA Insurance Ireland Ltd, Dundrum Town Centre, Sandymount Road, Dundrum, Dublin 16.



RSA, RSA House, Dundrum Town Centre, Sandymount Road, Dundrum, Dublin 16.
Telephone: 1890 290 100 Facsimile: (01) 290 1001
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RSA House, Dundrum Town Centre, Sandymount Road, Dundrum, Dublin 16.
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