

AIG EUROPE S.A.

30 North Wall Quay, International Financial Services Centre, Dublin 1.

Tel: +35312081400 Fax: +35312837773

E-Mail: postmaster.ie@aig.com

COMMERCIAL MOTOR VEHICLE CLAIM FORM**- It is essential that this form is fully completed -**

NOTE: Any third party correspondence or proceedings received must be forwarded immediately to us.

NOTE: The issuance of this form does not constitute an admission of liability under the Policy.

**1. INSURED**

Name _____ Trade or Occupation _____

Address (Business) _____ E-mail _____ Tel. No. _____

Address (Private) _____ Tel. No. _____

Policy No. _____ Broker or Agent _____ State whether regd. for VAT Yes No

2. DRIVER

Name _____ Occupation _____ Date of Birth / / D M Y

Address _____ Tel. No. _____

Driving Licence No. _____ Date of Expiry / / D M Y Class _____

Where issued _____ State if Full or Provisional _____

Place and date when driver passed the test _____ Has driver ever been prosecuted for a driving offence? _____ If so, give details, including dates and result of prosecutions including penalties _____

Has driver previously been involved in an accident? _____ If so, give details _____

If driver was not insured:-

Was vehicle used with Insured's knowledge and consent? _____ Was driver in your employ? _____ If so, for how long? _____

If not in your employ, explain why he/she was driving _____ Is the driver insured in own name in respect of any motor vehicle? _____

If so, give name and address of insurers _____

3. VEHICLE

Reg. No.	c.c./h.p.	Make and Model	Year of Make	Carrying Capacity and were goods carried?	No. of Trailers attached
----------	-----------	----------------	--------------	---	--------------------------

Total seating capacity, including driver's seat _____ How many passengers were being carried in the vehicle? _____

For what precise purpose was the vehicle being used? _____

Is the vehicle (A) owned by you? _____ and (B) registered in your name? _____ If not, state (A) name and address of owner _____ and (B), Insurer _____

Name of Hire Purchase Co., if any _____ State damage to your vehicle _____

_____ Name and address of repairers where vehicle may be inspected _____

Tel. No. _____ Is vehicle at repairers now? _____ If not, when will it be taken there? _____

NOTE: AN ESTIMATE FOR REPAIRS MUST BE SENT AS SOON AS POSSIBLE IF THE DAMAGE IS COVERED BY THE POLICY.**4. ACCIDENT**

Date / / D M Y Time _____ a.m./p.m. Place _____

Own speed _____ Width of road _____ Weather conditions _____

Was horn sounded or other warning given? _____ If so, by whom? _____ Was accident reported and investigated by the Gardai? _____

Give name and address of garda and station to which attached _____

5. OTHER PARTIES INVOLVED (Give details of all persons involved in the accident who sustained injury/damage).

Names and Addresses:	
1. _____	Make of Vehicle _____
2. _____	Reg. No. _____
3. _____	Insurer (if known) _____
4. _____	Details of Injury/Damage _____
5. _____	_____
5. _____	Were Seat Belts worn by Injured parties? Yes <input type="checkbox"/> No <input type="checkbox"/>

6. WITNESSES

Names and addresses of all passengers in your vehicle. State if any of them are in your employ and indicate where seated, and injuries (if any).	Names and addresses of any other witnesses and state if independent.
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

7. FULL DESCRIPTION OF ACCIDENT (Including details of warnings and signals given by all parties).

8. SKETCH PLAN Please show the position on the road of vehicle at point of impact and indicate direction and track immediately before accident.

If possible, indicate road signs and markings, including pedestrian crossings, relative importance of roads and directions of nearest towns.

NOTE: Any third party correspondence or proceedings received must be forwarded immediately to us unanswered.

AIG Europe S.A. is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at www.aig.ie, by e-mailing postmaster.ie@aig.com or by writing to the Data Protection Officer at AIG Europe S.A., Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

I/We declare the foregoing particulars are true and complete in every respect. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

SIGNATURE OF INSURED: _____ (IF A COMPANY OR FIRM, GIVE STATUS OF SIGNATORY): _____

Date: ____/____/____

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, and is regulated by the Central Bank of Ireland for conduct of business rules.

V1.3 122018