MOTOR VEHICLE INCIDENT REPORT FORM



- Please complete all sections -

How many passengers were being carried?

1. INSURED

Name

&

Address

Eircode

Occupation:

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

30 North Wall Quay, International Financial
Services Centre, Dublin 1.
Tel: +353 1 208 1400
E-mail - claims.ie@aig.com

YES

NO

Please answer all questions contained in this form honestly and in a reasonably careful manner.

Please use block capitals throughout and send your completed form to the e-mail or postal address above.

E-mail:

Policy No:

Broker/Agent:

Are you registered for VAT?

Business Tel. No:

Home Tel. No:						
2. DRIVER						
Name: Occupation: Address:	Has the driver ever been convicted of any driving offence YES NO If "yes" give details (dates, offences and penalties)					
Home Tel. No: Business Tel. No: Age: Date of Birth: Driving Licence No: Date of Expiry:	Has the driver been involved in any previous accident in the last 5 years YES NO If "yes" give details					
Type of Licence Held: FULL PROVISIONAL If "Full" please state place and date when test passed:	If driver other than owner, does he/she own a vehicle? YES NO If "Yes" state type of vehicle:					
If "Provisional" please state length of driving experience: years	Insurers of vehicle					
3. VEHICLE						
Vehicle Reg. No. H.P. or C.C	For what precise purpose was the vehicle being used?					
Make & Model Year of Make Present Mileage	Estimated value of vehicle at time of accident Is the vehicle: (a) Owned by the Insured? YES NO					
Total seating capacity including driver's seat	If "No" give name & address of registered owner?					

3. VEHICLE (CONTINUED)

(b) Registered in the Insured's name? YES NO **Damage to the Insured Vehicle**

If "No" give name of registered person Did your vehicle sustain any damage? YES NO

If "Yes" please give details of visible damage

(c) Hired or Leased? YES NO

If "Yes" give name of Leasing or Hire Company

Please state name and address of repairers where vehicle may

be inspected

Has the vehicle been altered or modified in any way?

YES NO Phone No.

If "Yes" please give details

Is the vehicle at the repairer now?

YES NO

If "No" when will it be taken there?

4. INCIDENT DETAIL

Time a.m. p.m. Was the accident reported to The Gardaí? YES NO

Date Did they take statements? YES NO

Exact place If "Yes" give details

Was an oral warning given at the scene? YES NO

What was the width of the Road?

What were the weather conditions?

Insured Vehicle Third Party Vehicle Please state: Name and Number of Garda/Officer (if known)

Estimated speed

Position on Road Address of Garda/Police Station

Was horn sounded?

5. OTHER PARTIES (OWNERS, DRIVERS ETC.)

Name and address of Driver or Owner Vehicle Registration Extent of Damage Insurance Company and Policy No.

6. PASSENGERS IN	I INSU	IRED'S VE	HICLE (if	more thar	three, pleas	se supply de	tails sep	arately)	
Full name 1. Address			2	2.		3			
State where seated Was seat belt worn?		ront seat YES	Rear seat NO		Front seat YES	Rear seat NO		Front seat YES	Rear sea NC
7. INJURED PERSO Full name 1. Address	ONS: (i	f more th		please su	pply details	separately) 3			
Was this person: removed to hospital?	YES	NO		YES	NO	Age	YES	NO	Age
detained in hospital? 8. WITNESSES (if n	YES	NO h an thre e		YES supply det	NO tails separate	ely)	YES	NO	
Full name 1. Address & Tel No.			2	2.		3			
(state if independent)	YES	NO		YES	NO		YES	NO	
9. FULL DESCRIPTI	ON O	FACCIDE	NT (if ins	officient sp	oace please s	supply detai	ls separc	itely)	

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10. SKETCH PLAN OF ACCIDENT:

Please make a rough plan of the road, showing positions of vehicles and persons concerned. An arrow should indicate the direction in which they were moving Who or what, in your opinion, was the cause of the accident?

HOW WE USE PERSONAL INFORMATION

AIG Europe SA is committed to protecting the privacy of customers, claimants and other business contacts.

"Personal Information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

Sharing of Personal Information – For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party

claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights — You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: https://www.aig.ie/privacy-policy or you may request a copy by writing to: Data Protection Officer, AIG Europe SA, 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer.ie@aig.com.

I accept and confirm that the answers provided in this form have been provided honestly and in a reasonably careful manner.

Signature of Insured:

Date

Please note that the information in this form, together with any other information supplied, may be provided to legal counsel or advisors for use in connection with any litigation or dispute arising out of this claim.