

# MOTOR VEHICLE INCIDENT REPORT FORM



- Please complete all sections -

**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

**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.**

## 1. INSURED

Name  
Address & Eircode  
Occupation:  
Home Tel. No:

E-mail:  
Business Tel. No:  
Policy No:  
Broker/Agent:  
Are you registered for VAT?      YES      NO

## 2. DRIVER

Name:  
Occupation:  
Address:  
  
Home Tel. No:  
Business Tel. No:  
Age:      Date of Birth:  
Driving Licence No:  
Date of Expiry:  
Type of Licence Held:      FULL      PROVISIONAL  
If "Full" please state place and date when test passed:  
  
If "Provisional" please state length of driving experience:  
years

Has the driver ever been convicted of any driving offence  
YES      NO  
If "yes" give details (dates, offences and penalties)

Has the driver been involved in any previous accident in the last 5 years      YES      NO  
If "yes" give details

If driver other than owner, does he/she own a vehicle?  
YES      NO  
If "Yes" state type of vehicle:  
Insurers of vehicle

## 3. VEHICLE

Vehicle Reg. No.  
H.P. or C.C.  
Make & Model  
Year of Make  
Present Mileage  
Total seating capacity including driver's seat  
How many passengers were being carried?

For what precise purpose was the vehicle being used?  
  
Estimated value of vehicle at time of accident  
Is the vehicle:  
(a) Owned by the Insured?      YES      NO  
If "No" give name & address of registered owner?

### 3. VEHICLE (CONTINUED)

(b) Registered in the Insured's name? YES NO  
If "No" give name of registered person

(c) Hired or Leased? YES NO  
If "Yes" give name of Leasing or Hire Company

Has the vehicle been altered or modified in any way?  
YES NO  
If "Yes" please give details

#### Damage to the Insured Vehicle

Did your vehicle sustain any damage? YES NO  
If "Yes" please give details of visible damage

Please state name and address of repairers where vehicle may be inspected

Phone No.  
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.  
Date  
Exact place

Was the accident reported to The Gardai? YES NO  
Did they take statements? YES NO  
If "Yes" give details

What was the width of the Road?  
What were the weather conditions?

Was an oral warning given at the scene? YES NO  
If "Yes" give details

Insured Vehicle Third Party Vehicle  
Estimated speed  
Position on Road  
Was horn sounded?

Please state: Name and Number of Garda/Officer (if known)

Address of Garda/Police Station

### 5. OTHER PARTIES (OWNERS, DRIVERS ETC.)

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

**6. PASSENGERS IN INSURED'S VEHICLE (if more than three, please supply details separately)**

Full name 1. 2. 3.

Address

State where seated	Front seat	Rear seat	Front seat	Rear seat	Front seat	Rear seat
Was seat belt worn?	YES	NO	YES	NO	YES	NO

**7. INJURED PERSONS: (if more than three, please supply details separately)**

Full name 1. 2. 3.

Address

	Age	Age	Age
Was this person:			
removed to hospital?	YES NO	YES NO	YES NO
detained in hospital?	YES NO	YES NO	YES NO

**8. WITNESSES (if more than three, please supply details separately)**

Full name 1. 2. 3.

Address & Tel No.

(state if independent) YES NO YES NO YES NO

**9. FULL DESCRIPTION OF ACCIDENT (if insufficient space please supply details separately)**

## 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

ALIG 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](mailto: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.