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MOTOR VEHICLE ACCIDENT REPORT FORM

- Please complete all sections -

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

1. INSURED

Name

Address

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 D _____/ M _____/ Y _____

Driving Licence No: _____

Date of Expiry D _____/ M _____/ Y _____

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?	Was trailer attached?
		☐ Yes ☐ No

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?

_____

(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. ACCIDENT

Time _____ ☐ a.m. ☐ p.m. | Date D _____ / M _____ /Y _____

Exact place _____

_____

_____

What was the width of the Road? ☐

What were the weather conditions? ☐

Were street lights on? ☐ Yes ☐ No

4. ACCIDENT contd.

	Insured Vehicle	Third Party Vehicle
Estimated speed		
Position on Road		
Was horn sounded?		
What lights were used?		

Was the accident reported to The Gardaí? ☐ YES ☐ NO

Did they take statements? ☐ YES ☐ NO

Was either driver breathalysed? ☐ YES ☐ NO

If "Yes" give details _____

Was an oral warning given at the scene? ☐ YES ☐ NO

If "Yes" give details _____

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)

	1.	2.	3.
Full name / 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)

	1.	2.	3.
Full name / 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)

	1.	2.	3.
Full name / 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?

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I/We hereby certify the foregoing particulars to be 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: _____ **Date** _____

(If a company or firm, give status of signatory):

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