Motor Incident
Claim Form

ZURICH

Policy Number | Claim Number

This form should be filled in by the person named as the 'policyholder' on the policy schedule.

* For accident reporting, please complete all sections on this form where applicable, excluding sections **I** and **J**
* For fire/theft incidents, please complete all sections on this form where applicable, excluding sections **F** and **G**

Note:
Please complete in
BLOCK CAPITALS

A. Policyholder's Details

Name of Insured

Date of Birth

Postal Address

Occupation

Telephone (Home) | Telephone (Work)

Mobile Phone | Email

B. Insured Vehicle (continued overleaf)

Vehicle registration number | Year of manufacture

Make | Model | Engine Size

Number of seats in the vehicle

Has the vehicle passed the NCT ○ Yes ○ No If so, when

Are you registered for VAT? ○ Yes ○ No VAT Number

Are you paying for the vehicle under a hire-purchase or leasing agreement ○ Yes ○ No

If yes, please provide: Name of hire-company

Name of leasing company

Agreement's reference number

Was a trailer attached to your vehicle at the time of the incident? ○ Yes ○ No

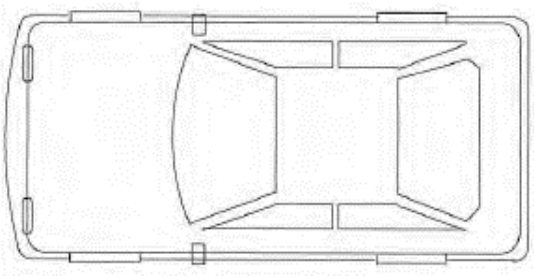
Give a brief description of the damage

B. Insured Vehicle (continued)

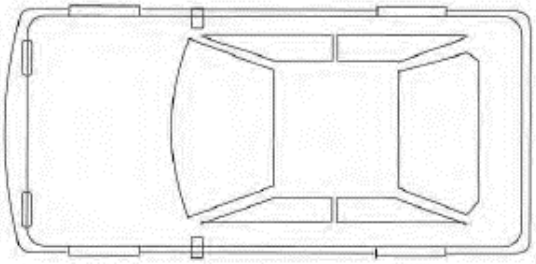
What was the vehicle being used for at the time?

Where is the vehicle now?

On the first diagram below, please indicate (by marking with X) any damage to your vehicle as a result of the incident



If there was a third party involved, please indicate (by marking with X) any damage to their vehicle on the diagram below.



Note:
Fill in this section only if your vehicle is a commercial vehicle

C. Commercial Vehicles

The weight and type of goods carried, if any:

Is the vehicle a heavy goods vehicle? ○ Yes ○ No

If YES, please provide details: Your HGV licence number

Expiry date on licence

Total number of fixed seats (including the driver's seat)

in front of vehicle in back of vehicle

Maximum number of people your vehicle can carry

Note:
Driver details may not be the same as the Policyholder details
This section must be completed for all cases

D. Driver Details (continued overleaf)

Drivers full name

Address

Occupation

Date of Birth

Does the driver own the vehicle? ○ Yes ○ No

If NO, does the owner pay the driver to drive the vehicle? ○ Yes ○ No

Was the driver driving with the policyholder's permission? ○ Yes ○ No

Does the driver hold a motor insurance policy in their own name? ○ Yes ○ No

If YES, please provide details: Insurance company

Policy number

D. Driver Details (continued)

Has the incident been reported to their insurance company? ○ Yes ○ No

Are there any prosecutions or convictions pending/arising from this incident ○ Yes ○ No

If YES, please provide details

Does the driver have any previous convictions or prosecutions pending? ○ Yes ○ No

If YES, please provide details

Has the driver had any previous accidents or claims? ○ Yes ○ No

If YES, please provide details

E. Drivers Licence

How long has the driver held a licence? Years Months

Licence type ○ Full ○ Provisional

Licence number

Vehicle groups the driver can drive

Date of issue shown on the licence

F. Circumstances of Incident (continued overleaf)

Where did the incident happen?

Date Time am ○ pm ○

What were the driving conditions like at the time?

How fast was your vehicle going (KM) What was the Speed Limit?

Did a member of the Gardaí take details of the incident? ○ Yes ○ No

Give details below

Garda's name Badge number

Station

Did a Garda witness the incident? ○ Yes ○ No

If not, did they see the vehicles before they were moved? ○ Yes ○ No

If a pedestrian was involved, was he or she on a pedestrian crossing? ○ Yes ○ No

If NO, was there a crossing nearby? ○ Yes ○ No

F. Circumstances of Incident (continued)

Please describe exactly what happened

Note: You must complete this question in order for us to process your claim

Do you think that the person driving your vehicle was to blame for the incident? ○ Yes ○ No

If NO, please give a brief explanation

G. Witnesses (including all your passengers)

	Witness 1	Witness 2	Witness 3
Name			
Address			
Phone number			

Please indicate if any of the above witnesses was a passenger in the vehicle at the time of the incident

○ Witness 1 ○ Witness 2 ○ Witness 3

H. Details of other drivers/people involved & property damaged (continued overleaf)

Was another vehicle(s) involved in the incident ○ Yes ○ No

If YES, please provide details

H. Details of other drivers/people involved & property damaged (continued)

Contact details of the driver(s) of the other vehicle(s) involved

Registration number of the other vehicle(s)

Make/Model of vehicle(s)

Contact details of the other driver's insurer(s)

Policy number

Apparent damage to the other vehicle(s)

If there was more than one third party involved, please use an additional sheet to give details

In the boxes below, please provide details of any injured persons

Your passengers

Name	Address	Description of Injury

Driver and passengers of other vehicles

Name	Address	Description of Injury

Pedestrians

Name	Address	Description of Injury

In the space below, draw a sketch of the incident showing:

- the position of all vehicles involved
- people or obstacles involved
- any road signs

I. Fire or Theft Details

Date and time of fire or theft

Date ☐☐☐☐☐☐☐☐ Time ☐ am ○ pm ○

Date and time somebody was last with the vehicle

Date ☐☐☐☐☐☐☐☐ Time ☐ am ○ pm ○

Where was the vehicle at the time of the fire or theft?

☐

Was the vehicle locked? ○ Yes ○ No

Was the vehicle ever involved in any previous accidents? ○ Yes ○ No

Was the alarm on? ○ Yes ○ No

What other security measures were being used (for example, immobiliser)?

☐

Were there any witnesses to the fire/theft? If YES, please provide full contact details.

Name	Address	Telephone

Name of Garda you spoke to ☐

Station Address ☐

What was the vehicle's mileage at the time of the loss? ☐

How many sets of keys were there for the vehicle? ☐

Where were each set at the time of the fire/theft?

If you are claiming for fire damage, did the fire brigade attend to the vehicle? ○ Yes ○ No

Give details below

Name of fire brigade station ☐

Please describe exactly what happened

J. Unrecovered vehicle (continued overleaf)

Fill in this part if your vehicle has not been found.

Date of first registration as new ☐☐☐☐☐☐☐☐ Colour ☐

Engine number ☐

Chassis number ☐

(You will find the chassis number and the engine number on your vehicle registration or log book)

J. Unrecovered vehicle (continued)

In the space below, list any extra features fitted to the vehicle

Note:
Please refer to your policy document for items which may be covered under your policy

In the space below, list any major parts which have been renewed in the last 12 months and attach invoices where possible

Please give details below of any property stolen from the vehicle, including the age and value of the property

K. Reporting to the Garda Síochána

Note:
You must complete this section with the Garda Síochána in order for us to process your claim

I am reporting the theft or loss of the property set out in this form

From

On

The property is valued at approximately €

Certificate to be filled in by the Garda Síochána

This is to certify that *(person's name)*

of *(person's address)*

reported the loss of

to this station on

In our records we have made a note of Zurich's interest in this property

Signature of Garda Síochána

Date

Garda Station

Pulse System Number

Stamp of Garda Station

L. Claims Checklist

Please make sure you have attended to the following items below. This will allow us to deal with your claim as quickly as possible.

Please tick as completed:

- ○ Sign and return your claim form (to the address at the end of this form).
- ○ Garda stamp (if applicable).
- ○ Contact details of any third party (if applicable).
- ○ If your vehicle is a write off and you wish for us to dispose of the salvage, please enclose the signed original vehicle licensing certificate with all vehicle keys and return to us by registered post to the address at the end of this form.

Data Protection

Zurich Insurance Europe AG ('Zurich', 'we', 'our', 'us') will hold your details in accordance with our Privacy Statement together with all applicable data protection laws and principles.

The information you supply to us, including personal data ("Data") as part of this claim is required by us to handle your claim, prevent and detect fraud as well as generally take any steps in order to fulfil our contract with you and comply with our legal obligations.

We may also obtain information about you from third parties such as your broker (if you have engaged with us through one), claims service providers (including private investigators) and insurance industry and government bodies for the purposes described above. In addition, we may check your details with fraud prevention agencies, as well as against industry databases such as InsuranceLink (for more information see below).

To assist us in handling your claim and prevent/detect fraud, we may share your data (where appropriate/applicable) as follows:

- With business partners, suppliers, sub-contractors and agents with whom we work and/or engage (including, but not limited to legal firms, medical professionals, private investigators, third-party claim administrators and outsourced service providers).
- With other companies in the Zurich Insurance Group ("the Group"), partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA'). Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and pursuant to appropriate safeguards.
- With other insurers and/or their agents.
- With any intermediary or third party acting for you.
- In order to comply with our legal obligations, a Court Order or to cooperate with State and regulatory bodies (such as the Central Bank of Ireland), as well as with relevant government departments and agencies (including law enforcement agencies).

In addition, information about claims (whether by our customers or third parties) is collected by us when a claim is made under a policy and placed on the insurance industry claims database known as InsuranceLink, maintained by Insurance Ireland. This information may be shared with other insurance companies, self-insurers or statutory authorities. The purpose of InsuranceLink is to protect customers by helping insurers identify incorrect information and fraudulent claims. Under data protection legislation you have a right to know what information about you and your previous claims is held on InsuranceLink. If you wish to exercise this right, then please contact us at the address below.

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or legally permitted. Please see our Data Retention Policy at www.zurich.ie/privacy-policy.

Privacy Statement

For further information please see our Privacy Statement which is available online at www.zurich.ie/privacy-statement.

If you have any questions about your data, you can contact our Data Protection Officer, using the contact details below.

- Zurich Customer Services on 053 915 7775
- dataprotectionofficer@zurich.com
- Data Protection Officer, Zurich Insurance Europe AG, FREEPOST, PO Box 78, Wexford, Ireland.

Declaration

I declare that, as far as I know, the information I have given is true. I authorise you, and any solicitor you appoint, to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

I understand that Zurich may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature:_____ Date: _____

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