

Motor Fleet Accident Claim Form



(MF ACCIDENT 0518)

Important Note: Please make sure that the information provided is clear and complete as possible. This form should be completed by the policyholder. Please return completed form and enclose a copy of your driving licence with any estimates/valuations/original receipts. Please complete in BLOCK letters or on-line save and print.

All correspondence relating to any claims should be passed directly to IPB Insurance unanswered. No admission of liability should be made about the accident. Claim No: _____

1. Policyholder Details

Policyholder Name _____ Policy Number _____
Telephone Number _____

2. Person Driving

Person driving at the time of accident (Name) _____

Date of Birth _____ Relationship to policyholder _____
Licence No _____ Full _____ Learner Permit _____
Date of Issue _____ Date of Expiration _____
For what purpose was the vehicle being used: Business _____ Social/domestic/pleasure _____
How long has the driver been: a) driving this vehicle _____ b) any other vehicle _____
Does the driver have any penalty points? Yes _____ No _____ Number of points _____

At the time of incident, was the driver:

Under any physical or mental infirmity/disability? Yes _____ No _____
Under the influence of alcohol or drugs? Yes _____ No _____
Ever refused motor insurance/renewal? Yes _____ No _____
Ever involved in a previous motor accident/claim? Yes _____ No _____
Has the driver been convicted of any motoring offence or has a prosecution pending in the last 5 years? * Yes _____ No _____

*An individual is not required to disclose a "spent conviction" when supplying information on past convictions. These are convictions that do not have to be disclosed as long as it qualifies under the terms of the Children Act 2001 or Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 or any amending legislation.

If you answered 'Yes' to any of the above, please provide details below

3. Insured Vehicle

Vehicle Registration Number _____ Year of manufacture _____
Make _____ Model _____
Engine size _____ Passenger _____ Commercial _____ Number of seats in the vehicle _____
Has the vehicle passed the NCT/DOE? Yes _____ No _____
Date _____ Cert Number _____
Are you registered for VAT? Yes _____ No _____
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 reference number _____
Was a trailer attached to your vehicle at the time of the incident? Yes _____ No _____

To what extent has the vehicle been damaged?

Details of vehicle's current location

4. Circumstances of the Incident

Where did the accident occur?

GPS Co-ordinates: Latitude Longitude (decimal degrees)

Date Time AM /PM

Weather conditions Visibility conditions Road conditions

Was your view obstructed in any way? Yes No

Speed limit Speed before impact Speed at impact

Name of roads and approximate width

Details of any (1) Traffic lights

(2) Road signs/markings

Please provide details of any warnings given before impact (hand/horn lights/sirens)

Was the incident reported to the Gardaí Yes No Did a member of the Gardaí attend at the scene Yes No

Provide details : Garda name Badge number

Station

Please describe in detail how the accident occurred

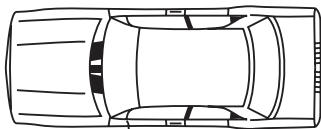
Do you believe the person driving your vehicle was to blame for the incident Yes No

Please outline your reasons

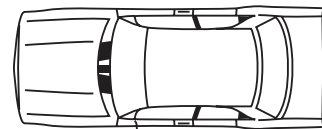
Sketch of Accident

Please draw a sketch of the accident showing the position of the vehicle(s) and person(s) concerned, indicating by arrows the direction in which each was travelling.

Please indicate using an X any damage caused to your vehicle.



If there was a third party vehicle involved, please indicate by marking with an X any damage to the third party vehicle.



5. Passenger Details

Please confirm how many passengers were travelling in your vehicle at the time of accident

Passenger 1

Passenger 2

Passenger 3

Name

Address

6. Third Party Details (Only to be filled in if a third party vehicle was involved)

How far away was the third party when you first saw their vehicle

Approximate speed of other driver

Speed at impact

What signs were given by the third party (hand/horn/lights/siren)?

How far from impact

Have you made, or are you making, claim(s) upon any other third party? Yes No

Have any claims been made on you/your driver? Yes No

If so, by whom?

7. Details of Other Vehicles and/or Property Involved

1

2

3

Name

Address

Phone number

Registration number

Vehicle make & model

Insurance company

Policy number/Claim number

Extent of damage

8. Persons Injured

Please provide details of any injuries arising from the collision

	1		2		3
Name					
Address					
Contact phone number					
Extent of injuries State if driver/passenger/ pedestrian/etc. In which vehicle if applicable					
Was the person injured wearing a seat belt?	Yes	No	Yes	No	Yes No
Did the person require medical attention?	Yes	No	Yes	No	Yes No
Was the person removed to hospital by ambulance?	Yes	No	Yes	No	Yes No

9. Witnesses

	1		2		3
Name					
Address					
Phone number					
Please identify if any of the above witnesses was a passenger in your vehicle at the time of incident					
Witness 1	Witness 2	Witness 3			

10. Data Protection Notice

IPB Insurance (IPB) is committed to protecting your personal information. IPB Insurance is a data controller and is required to comply with the Data Protection Acts 1988 - 2018 and the General Data Protection Regulation. The information that you provide ('data') will be used for the administration of your policy and/or any claims made on the policy. Data is at all times treated as confidential and the appropriate measures are taken to ensure it is secure. A copy of our Data Protection Notice can be found on our website www.ipb.ie. The notice explains why we collect and use your data, who we share your data with, your data protection rights, how long we retain your data for, where your data is located and what to do if you have any data protection complaints. If you would like to receive a copy of the Data Protection Notice you can email dpo@ipb.ie or write to IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820.

11. Declaration

I hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my knowledge and belief.

Signature

Date

Please return completed form to:

The Claims Department

IPB Insurance

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: claims@ipb.ie Web: www.ipb.ie

Reg. No. 7532 Republic of Ireland.

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