

Motor Fleet Fire/Theft Claim Form

(MF T/F 05 2018)



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.

Claim No:

1. Policyholder Details

Policyholder Name

Policy Number

Contact Telephone Number

2. Details of Person Last in Charge of Vehicle

Name

Date of Birth

Relationship to policyholder

Licence No

Full Learner Permit

Licence issue date

Expiry date of licence

3. Insured Vehicle

Vehicle Registration Number

Year of Manufacture

Make

Model

Engine Size

Number of seats in the vehicle

Passenger

Commercial

Has the vehicle passed the NCT/DOE? Yes

No

Date

How long have you owned the vehicle?

Yrs

months

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 theft/fire? Yes No

In the case of theft, has the vehicle been recovered? Yes No

Where is the vehicle now?

Please provide details of any personal effects stolen and not recovered from the vehicle

4. Circumstances of the Loss

Date _____ Time _____ AM /PM _____

Place _____

GPS Co-ordinates _____ Latitude _____ Longitude _____ (decimal degrees)

When was the last time you saw the vehicle? _____

Was the incident reported to the Gardaí? Yes _____ No _____

Provide details: Garda Name _____ Badge Number _____

Station _____

Approximate mileage at time of theft _____

Security measures (CCTV/security guards etc.) _____

Was the vehicle locked and all windows secured at the time of loss? Yes _____ No _____

Please confirm numbers of sets of keys _____

Please confirm location of keys presently _____

Please describe details of the Theft/Fire _____

5. Witnesses

	1	2	3
Name			
Address			
Phone Number			

6. Certification for completion by An Garda Síochána

This section should be completed by a Garda

Area

Date

Division

District

Pulse number

To: IPB Insurance

This is to certify that (name)

of (address)

reported to this station on this date the loss/larceny of

We have noted in our records the interest of IPB Insurance in the Property.

Signed (Garda)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR FILES.

STAMP

7. 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.

8. 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.

IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.

