

Northern Ireland Private Motor Accident Claim Form

(PM ACCIDENT N IRL 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 & counterpart 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

Contact Telephone Number

Email Address

2. Person Driving

Person driving at the time of accident (Name)

Date of Birth

Address
(including
postcode)

Occupation

Relationship to policyholder

Licence No

Full

Provisional

Date of Issue

Date of Expiration

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

If 'Yes', please provide name of Insurer

Policy No

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

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 prosecution pending in the last 5 years? Yes No

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

*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 Rehabilitation of Offenders Act 1974 or any amending legislation.

3. Insured Vehicle

Vehicle Registration Number

Year of manufacture

Make

Model

Engine size

Number of seats in the vehicle Has the vehicle passed the MOT? Yes No Date

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

3. Insured Vehicle (continued)

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 Police? Yes No Did a member of the Police attend at the scene? Yes No

Provide details : Officer 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

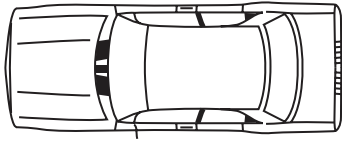
Please outline your reasons

Sketch of Accident

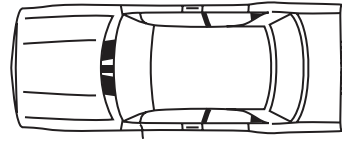
Please draw a sketch of the accident showing the position of the vehicle(s) and person(s) concerned, indicating by arrows the direction in which each was travelling.

4. Circumstances of the Incident (continued)

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 (including postcode)					
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 (including postcode)					
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. Declaration

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 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.

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

For business in the UK, IPB Insurance is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority.

