

3. Accident/Damage Details

Date and time of accident/damage:

Place and address where accident/damage occurred:

GPS Co-ordinates: Latitude Longitude (decimal degrees)

Were these premises occupied at the time? Yes No

What security measures were in force (Alarm/CCTV/Security Guards):

Explain fully how it happened:

Is there a right of recovery against any party? Yes No

If 'Yes', please give full details:

Type of claim/loss/damage:

Estimated cost of: (a) Repairs: € (b) Replacement: €

Have repairs commenced? Yes No

If 'Yes', please give full details including date of when repairs commenced:

Name and address of repairers (including telephone number):

In the case of damage to a building it is not necessary to complete columns 4 and 5.

① Description of property lost, destroyed or damaged	② Are you the sole owner?	③ If not, give details of your interest and that of other parties	④ When & where purchased	⑤ Cost Price	⑥ Estimated cost of repair or replacement cost if repair not possible	⑦ Allowances for depreciation (wear & tear)	⑧ Net amount claimed
	Yes No						
	Yes No						
	Yes No						
	Yes No						
	Yes No						

5. 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.

6. Declaration

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

Signature

Date

Please return completed form to:



The Claims Department
 IPB Insurance CLG, 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

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