

Motor Incident Report Form

Policy No: _____	Claim Ref: _____	Insurer: _____
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- Complete sections A to H and section K when reporting an **Accident**.
- Complete sections A, B, C, D, H, I, J and K when reporting a **Theft, Fire or Vandalism**.

- Checklist:
- Fill & return this form to ornella@leesongroup.com or Leeson Group, 68 Merrion Square, Dublin 2.
 - Garda complete Section J, *where applicable*
 - Provide all witness and third party information, *where applicable*
 - If your vehicle is stolen and not recovered or written off, please include the Original Vehicle Licensing Certificate and all vehicle keys and return to us by registered post.

A

POLICYHOLDER DETAILS

Policyholder Name: _____	Policyholder D.O.B: _____
Policyholder Address: _____	
Email Address: _____	Phone Number: _____
Occupation: _____	Are you registered for VAT? Yes <input type="checkbox"/> No <input type="checkbox"/>

B

DRIVER DETAILS

Drivers' Name: _____	Drivers' D.O.B: _____
Drivers' Address: _____	
Drivers' Occupation: _____	Drivers' Phone No: _____

Does the driver have a Motor Insurance Policy in their own name? Yes No

If "Yes", please provide the following details:

Insurer: _____
Policy Number: _____

Has the driver notified their own Insurers of this accident? Yes No

Does the driver own the vehicle? Yes No

Is the driver paid to drive the vehicle? Yes No

Has the Policyholder or the driver ever had any penalty points? Yes No

If "Yes", give details: _____

- Has the Policyholder or the driver ever been...
1. Refused motor insurance, renewal or had special terms imposed? Yes No
 2. Convicted of a motoring offence? Yes No
 3. Convicted of a criminal offence? Yes No
 4. Involved in a previous motor accident? Yes No

If "Yes" to any of the above, give full details: _____

C

DRIVING LICENCE DETAILS

Licence Type: Full (Irish)
 Provisional (Irish)
 European Country of Issue: _____

Licence Number: _____ How long have you held this licence? _____

What category is the driver licensed to drive (*please tick all applicable*)

A B C C1 D D1 EB EC EC1 ED ED1 F G W

D

INSURED VEHICLE DETAILS

Reg No.: _____ Make & Model _____

Engine Capacity _____(cc) Number of seats _____

Estimated value at time of accident: _____

Who is the vehicle registered to? _____

Does the vehicle have a valid NCT / DOE certificate? Yes No

Date of last test _____

Is the vehicle subject to a hire purchase or leasing agreement? Yes No

If "Yes", complete the following:

Name of Hire Purchase Provider / Leasing Company _____

Agreement Reference Number _____

Was a trailer attached at the time of the accident? Yes No

State the weight and nature of goods carried if any: _____

Describe the damage to your vehicle _____

Is your vehicle still mobile? Yes No Where is your vehicle? _____

E

PASSENGERS IN YOUR VEHICLE

Were there any passengers in your vehicle? Yes No If "Yes", provide details

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Reported Injuries? _____	Reported Injuries? _____
Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Please continue on a separate sheet if necessary

F

WITNESS DETAILS

Please provide details of any/all witnesses:

Name:	Address:	Telephone	Do you know this person?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G

DETAILS OF OTHER DRIVERS, VEHICLES OR PROPERTY

Were there any other vehicles in this accident? Yes No If "Yes", provide details

Drivers' Name: _____	Drivers' Address: _____
Vehicle Registration: _____	_____
Make/Model: _____	Drivers' Phone No.: _____
Insurer: _____	Policy Number: _____

Were there any passengers in the other vehicle? Yes No If "Yes", provide details

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Reported Injuries? _____	Reported Injuries? _____
Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Seatbelt worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Please continue on a separate sheet if necessary

H

ACCIDENT DETAILS

Date of Incident: _____ Time: _____ Location: _____

Did your vehicle collide with a pedestrian? Yes No If "Yes", provide details
 Name: _____ Name: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Reported Injuries? _____ Reported Injuries? _____

Please continue on a separate sheet if necessary

Was he/she on a pedestrian crossing? Yes No Was he/she on a pedestrian crossing? Yes No
 Was there a crossing nearby? Yes No Was there a crossing nearby? Yes No
 Did an ambulance or emergency medical personnel attend? Yes No
 How fast were you driving? _____ What was the speed limit? _____
 Describe the road conditions at the time _____

Was the incident reported to An Garda Síochána? Yes No If "Yes", provide details
 Garda Name _____ Garda Station _____
 Did the Garda witness the accident? Yes No Did they see the vehicles before they were Yes No
 moved? _____
 Have you provided or have you been asked to provide a written statement to An Garda Síochána? Yes No
 Have you been notified or are you aware of any Garda prosecutions resulting from this incident? Yes No
 If "Yes", provide details: _____
 Had you consumed any alcohol or drugs prior to driving your vehicle on this occasion? Yes No
 Were any persons breathalysed by Gardai? Yes No If "Yes", give details _____

Written Description of Incident – *Please give as much information as possible to help us assess liability. Please confirm exactly how the incident happened and confirm details of all damaged property*

ACCIDENT DETAILS (ctd...)

Please provide a sketch of the incident and include the width of the roads, type and position of all road signs & markings, direction of travel of all parties and the points of impact.

In your opinion, who was to blame for this incident and why:

I

ACCIDENT DETAILS

Fire

Theft

Vandalism

Date and time of loss:

Date: _____ Time: _____ Location: _____

Date and time somebody was last with the vehicle:

Date: _____ Time: _____ Location: _____

In case of theft, has the vehicle been found? Yes No If "Yes" where is it now? _____

Was the vehicle locked? Yes No Was the alarm on? Yes No

Did the vehicle have any previous damage? Yes No If "Yes", give details: _____

Was the immobiliser on? Yes No How many sets of keys did you have? _____

Do you know of any witnesses? Yes No If "Yes", provide details: _____

Name	Address	Telephone No.	Do you know this person?
_____	_____	_____	_____
_____	_____	_____	_____

Was the incident reported to An Garda Síochána? Yes No If "Yes", give details below: _____

Garda Name _____ Garda Station _____

Did the Fire Brigade attend? Yes No If "Yes", give details below: _____

Name of Station _____ Number of Units _____

Mileage on vehicle at time of loss: _____ Kms Miles

Written Description of Incident – Please give as much information as you know about this incident:

J**REPORT TO AN GARDA SÍOCHANA**

This is to certify that: _____ (Person's name)
Of: _____ (Person's address)

Reported to this station on the undernoted date the loss of or damage to the property described in Sections D & I above.

Date Reported: _____ To your knowledge is any person likely to be charged? Yes No

The interest of Leeson Group has been noted

Garda Name: _____ Station Stamp:
Garda Signature: _____
Pulse ID: _____

K**DATA PROTECTION**

Your Personal Data will be used to enable us to fulfil our contractual obligations in relation to your insurance cover and the provision of any ancillary risk management services. We will process (collect, store and use) the information you provide in a manner compatible with the EU's General Data Protection Regulation (GDPR). We will endeavour to keep your information accurate and up to date, and not keep it for longer than is necessary.

We may pass your personal data on to third-party service providers contracted to Leeson Group in the course of dealing with you. Any third parties that we may share your data with are obliged to keep your details securely, and to use them only to fulfil the service they provide on your behalf. When they no longer need your data to fulfil this service, they will dispose of the details in line with Leeson Group procedures.

We recommend you read our Privacy Policy. It is available on our website www.leesongroup.com. If you cannot access our website, please let us know. We will provide a copy by email or post.

L**DECLARATION**

I/ we declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance in my/our power in dealing with the matter.

Signed: _____ Date: _____

Please return to ornella@leesongroup.com or to Leeson Group, 68 Merrion Square, Dublin 2.