

**AIG EUROPE S.A.**

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**MOTOR VEHICLE ACCIDENT REPORT FORM**

- Please complete all sections -

**NOTE: Any third party correspondence or proceedings received must be forwarded immediately to us.****1. INSURED**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ E-mail \_\_\_\_\_

Business Tel. No: \_\_\_\_\_

Policy No Broker/Agent Are you registered for VAT?  YES  NO**2. DRIVER**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Business Tel. No: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_

Driving Licence No: \_\_\_\_\_

Date of Expiry D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_

Type of Licence Held:  FULL  PROVISIONAL

If "Full" please state place and date when test passed: \_\_\_\_\_

If "Provisional" please state length of driving experience: \_\_\_\_ years

Has the driver ever been convicted of any driving offence  YES  NOIf "yes" give details (dates, offences and penalties) \_\_\_\_\_  
\_\_\_\_\_Has the driver been involved in any previous accident in the last 5 years  YES  NOIf "yes" give details \_\_\_\_\_  
\_\_\_\_\_If driver other than owner, does he/she own a vehicle?  YES  NO

If "Yes" state type of vehicle: \_\_\_\_\_

Insurers of vehicle \_\_\_\_\_

**3. VEHICLE**

Vehicle Reg. No.	H.P or C.C	Make & Model
Year of Make	Present Mileage	
Total seating capacity including driver's seat	How many passengers were being carried?	Was trailer attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

For what precise purpose was the vehicle being used?  
\_\_\_\_\_

Estimated value of vehicle at time of accident \_\_\_\_\_

Is the vehicle:

(a) Owned by the Insured?  Yes  NoIf "No" give name & address of registered owner?  
\_\_\_\_\_(b) Registered in the Insured's name?  Yes  NoIf "No" give name of registered person  
\_\_\_\_\_(c) Hired or Leased?  Yes  NoIf "Yes" give name of Leasing or Hire Company  
\_\_\_\_\_

Has the vehicle been altered or modified

in any way?  Yes  No

If "Yes" please give details \_\_\_\_\_

**Damage to the Insured Vehicle**Did your vehicle sustain any damage?  Yes  NoIf "Yes" please give details of visible damage \_\_\_\_\_  
\_\_\_\_\_

Please state name and address of repairers

where vehicle may be inspected \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Is the vehicle at the repairer now?  Yes  No

If "No" when will it be taken there? \_\_\_\_\_

**4. ACCIDENT**Time \_\_\_\_  a.m.  p.m. Date D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_Exact place \_\_\_\_\_  
\_\_\_\_\_

What was the width of the Road? <input type="text"/>	What were the weather conditions? <input type="text"/>	Were street lights on? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**4. ACCIDENT contd.**

	Insured Vehicle	Third Party Vehicle	If "Yes" give details _____
Estimated speed	_____	_____	_____
Position on Road	_____	_____	Was an oral warning given at the scene? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was horn sounded?	_____	_____	If "Yes" give details _____
What lights were used?	_____	_____	_____
Was the accident reported to The Gardai?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Please state: Name and Number of Garda/Officer (if known) _____
Did they take statements?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Address of Garda/Police Station _____
Was either driver breathalysed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**5. OTHER PARTIES (OWNERS, DRIVERS ETC.)**

Name and address of Driver or Owner	Vehicle Registration	Extent of Damage	Insurance Company and Policy No. (if known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6. PASSENGERS IN INSURED'S VEHICLE (if more than three, please supply details separately)**

Full name	1. _____	2. _____	3. _____
Address	_____	_____	_____
	_____	_____	_____
State where seated	<input type="checkbox"/> Front seat <input type="checkbox"/> Rear Seat	<input type="checkbox"/> Front seat <input type="checkbox"/> Rear Seat	<input type="checkbox"/> Front seat <input type="checkbox"/> Rear Seat
Was seat belt worn?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**7. INJURED PERSONS: (if more than three, please supply details separately)**

Full name	1. _____	2. _____	3. _____
Address	_____	_____	_____
	_____	_____	_____
	_____ age _____	_____ age _____	_____ age _____
Was this person: removed to hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
detained in hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**8. WITNESSES (if more than three, please supply details separately)**

Full name	1. _____	2. _____	3. _____
Address & Tel No.	_____	_____	_____
	_____	_____	_____
(state if independent)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**9. FULL DESCRIPTION OF ACCIDENT (if insufficient space please supply details separately)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. SKETCH PLAN OF ACCIDENT:**

Please make a rough plan of the road, showing positions of vehicles and persons concerned. An arrow should indicate the direction in which they were moving

Who or what, in your opinion, was the cause of the accident?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**I/We hereby certify the foregoing particulars to be true and complete in every respect. I/we understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.**

Signature of Insured: \_\_\_\_\_ Date \_\_\_\_\_  
(If a company or firm, give status of signatory):