

MOTOR FIRE REPORT FORM



CLAIM NUMBER
(Office use only)

POLICYHOLDER

Policy Number _____ Renewal date _____
Full Name _____
Postal Address _____ Post code (If applicable) _____
Occupation _____ Date of Birth _____
Telephone Number (Home) _____ (Business) _____ (Mobile) _____
Is the policyholder registered as a taxable person for V.A.T? Yes/No V.A.T. Number _____

INSURED VEHICLE

Make and Model _____ Reg. No. _____
Year of Make _____ Cubic Capacity _____
Type of Body _____ Colour _____
Date of first registration _____
Chassis No. _____ Vehicle Identification No.(VIN) _____
Name and Address of Owner _____
Has the vehicle been modified? _____
If vehicle is subject to Leasing Agreement, state name of Finance Company, Address and Agreement number

Marks, blemishes and other special features, to help establish identity: _____
Date of purchase: _____ Purchase price: _____ Date of last service: _____
If applicable, when is vehicle due National Car Test/MOT? _____
Has the vehicle recently been offered for sale? _____
If appropriate, have you checked with Local Council/Corporation roving and clamping agents? Yes/No

PERSON IN CHARGE OF VEHICLE PRIOR TO FIRE

Name _____
Address _____

Telephone Number (home) _____ (Business) _____
Occupation _____ Date of Birth _____
Was the vehicle being driven with your permission? Yes/No
Is this person the regular user of the vehicle? _____
Has the driver any conviction for any offence in connection with any motor vehicle? Yes/No
If YES, give details including dates: _____
Does driver suffer from any physical defect or disability? Yes/No
If YES, give details: _____
Has the driver been refused motor vehicle insurance or continuance thereof? Yes/No
Has the driver been involved in any previous accidents, thefts or claims? Yes/No
If YES, give details including dates: _____

Does the driver own a vehicle? Yes/No
Was the driver licensed to drive the vehicle? Yes/No Was the licence Full or Provisional? _____
If Full, state date upon which driving test passed _____ If Provisional, state country where licence was issued _____
Driving Licence Number _____ Dates Licence Operative _____

CIRCUMSTANCES OF LOSS

Date vehicle left: _____ Time: _____ am/pm

Date fire discovered: _____ Time: _____ am/pm

Give exact details of source and cause of fire: _____

Why was the vehicle parked at this location? _____

Were all the doors (including boot) locked securely? Yes/No

Were all the windows (including sunroof) closed? Yes/No

If an alarm or anti-theft device was fitted, give make and model: _____

Was ignition key removed? Yes/No How many sets of keys are there? _____

If applicable, how did you get home after the fire? _____

GARDAI DETAILS

Full address of Gardaí station to which loss was reported: _____

Crime book reference: _____ Officer's name and number: _____

Date of report: _____ Time of report: _____

How did you report theft to Gardaí? Telephone/Personal visit: _____

If reported by telephone, state by which phone and where situated: _____

Has any person been apprehended? Yes/No If yes, give details: _____

Are they to be prosecuted? Yes/No If yes, advise of court address, and date and time of hearing:

Is the person a personal acquaintance? Yes/No If yes, give details: _____

Was any person injured? Yes/No If yes, give details: _____

DAMAGE TO THE INSURED VEHICLE (IF RECOVERED)

What damage was caused to the Insured vehicle? _____

(Show area of impact by arrow)

Repairer's name, address and telephone no. _____

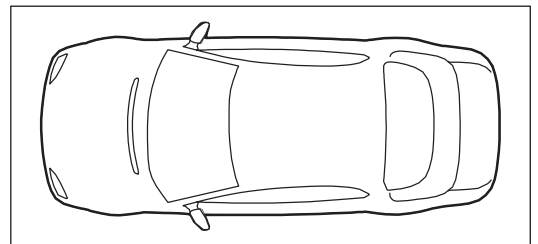
Where the damaged vehicle may be inspected _____

If vehicle in use, please confirm when available for inspection _____

In all cases where your vehicle is damaged, and should you be entitled to claim under the policy, please send an estimate for repairs to Liberty Insurance immediately.

Is vehicle considered to be a write off? Yes/No

If so, please advise (1) Date of purchase _____ (2) Purchase price _____ (3) Present value _____



OTHER VEHICLES INVOLVED *(Please continue on separate sheet if necessary)*

(1) Name and Address of Driver and/or Owner _____

Registration No. _____

Insurers and Policy No. _____

Apparent Damage: _____

(2) Name and Address of Driver and/or Owner _____

Registration No. _____

Insurers and Policy No. _____

Apparent Damage: _____

OTHER PROPERTY DAMAGED *(Apart from vehicles)*

Name and Address of Owner (if known) _____

Nature of damage _____

PERSONS INJURED

Name and Address	State whether Driver Passenger, Pedestrian Or Cyclist	Registration Mark of Vehicle in which travelling	Were seat belts worn	Taken to Hospital Yes/No	Apparent Injuries

Have you/your driver made (or are you making) a claim upon any other party? Yes/No

Has any claim been made against you? Yes/No If so, verbally or in writing? _____

Any communications you receive about the incident should not be answered but sent to the Company immediately

I/We declare that the above information and statements are true and correct to the best of my/our knowledge. I/We understand that you may need to exchange information with other insurance companies or interested parties. I am aware that it is a criminal offence to attempt to defraud an insurer and that I/we may be prosecuted.

N.B. Insurers maintain a Motor Insurance Anti Fraud and Theft Register and exchange information with each other to prevent fraudulent claims.

Signature _____ Date _____

We are committed to providing all our customers with a high standard of service at all times. However if you are unhappy with the service provided please contact us at 1850 858 530.

Data Protection Statement

The information you provide will remain confidential and will be used to record and cross reference the particulars of your claim with insurance industry databases (such as Insurance Link) used for the prevention of fraud. It may be necessary to exchange your information with regulatory and policing bodies, service providers or private investigators appointed by us, agents and other insurance companies. We may also need to collect and disclose sensitive data (such as medical condition and criminal convictions) relating to you with the relevant parties which are listed above.