



# Motor

## CLAIM FORM

### SECTION 1

#### POLICYHOLDER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
ARAG Policy Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you self employed? YES  NO  Are you registered for VAT? YES  NO

#### BROKER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

#### DRIVER OF YOUR CAR

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship to Policyholder: \_\_\_\_\_

#### YOUR CAR

Make and Model: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Estimated Value: \_\_\_\_\_  
Name of Owner of Vehicle: \_\_\_\_\_

#### LICENCE

What type of licence do you hold? Full  Provisional   
Do you have any penalty points on your licence? Yes  No  If yes, how many? \_\_\_\_\_  
Do you have any previous driving convictions Yes  No   
Please include a copy of your Driving Licence with this form.

## CLAIM FORM

### YOUR MOTOR INSURANCE

Insurance Company: _____			
Address: _____			
_____			
_____ Telephone Number: _____			
Certificate/ Policy Number: _____			
State whether policy is:	Comprehensive? <input type="checkbox"/>	Third Party Fire and Theft? <input type="checkbox"/>	Third Party only? <input type="checkbox"/>
If you have an excess, please state how much: € _____			
Have you made a claim under your Motor Insurance Policy? YES <input type="checkbox"/> NO <input type="checkbox"/>			

## SECTION 2

### ACCIDENT

Place: _____
_____
Date and Time: _____
Your speed immediately prior to the accident: _____
Other driver's speed immediately prior to the accident: _____
Speed limit on the road in question _____
Road and weather conditions: _____
If police attended and took details, state Garda station and Garda number if known: _____
_____
Details and damage to your car: _____
_____

Indicate below area of damage to your car and direction of impact by an arrow:

FRONT	DRIVER'S SIDE	REAR
PASSENGER'S SIDE		

If your car has been repaired, please attach estimate and receipted account. If unrepaired, state where car can be inspected and attach estimates.

Is your car still in use? Yes  No

If not, will you need to hire alternative transport? Yes  No

### PERSONS INJURED

Name:	Age:	Details of Injury:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CLAIM FORM

### WITNESSES

Name and Addresses of Your Passengers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Addresses of Independent Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER PARTY

Driver's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Age (if known): \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Age (if known): \_\_\_\_\_

### OTHER CAR

Make and Model: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Name and Address of his insurance company: \_\_\_\_\_  
\_\_\_\_\_

Certificate Number (if known): \_\_\_\_\_

Brief details of damage to other car: \_\_\_\_\_

Is the other party claiming against you? YES  NO

## SECTION 3

### PROSECUTION DEFENCE

Against whom are proceedings being taken? \_\_\_\_\_

Alleged Offence: \_\_\_\_\_

Name and Address of court: \_\_\_\_\_  
\_\_\_\_\_

Time and date of hearing: \_\_\_\_\_

Do you intend to plead guilty or not guilty? \_\_\_\_\_

Please attach copy summons.

## CLAIM FORM

### SECTION 4

#### DESCRIPTION

State briefly but clearly how the incident happened. (Continue on a separate sheet if necessary).

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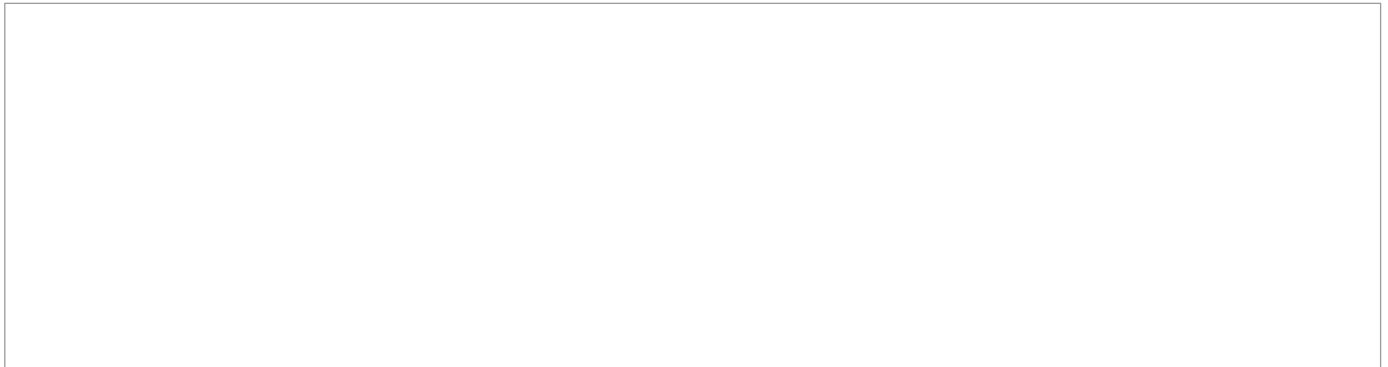
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Please provide a clear sketch of the scene of the accident showing the positions of all vehicles involved in the collision and naming the roads in question.



#### PLEASE READ THESE NOTES

1. To recover your losses, you must prove that the damage was caused by the other party's negligence. Therefore if you are alleging negligence it is up to you to prove it.
2. If the other party, or his insurance company is making a claim against you, this is not covered by your ARAG Legal Protection Policy but should be dealt with either by you or your own Motor Insurance Company.
3. When you are making a claim against another party arising out of an accident, you should notify your own Motor Insurance Company that you are pursuing a claim against the other party under your ARAG Legal Protection Policy.
4. Generally speaking, most insurance companies will only settle the claim upon the production of a receipted invoice. Therefore, you will have to pay the repair costs and hiring charges etc. yourself and then send us the receipted invoice to be included in your claim against the other party.
5. It is essential to quote your Claim Number on all communications with us in connection with your claim.
6. If you are making a claim under your ARAG Legal Protection Policy, you should not discuss or negotiate with the other party or his Insurance Company.
7. Do not instruct a solicitor. ARAG will arrange representation. You will not be covered for costs incurred before ARAG have accepted your claim in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CLAIM FORM

### DECLARATION

I/We confirm that I/we have read the Guidance Notes. I confirm that the foregoing particulars and any supplementary statements provided on the claim form and any supporting documentation are true and complete in every respect. I/We understand that ARAG will only indemnify legal costs which are both reasonable and covered under the policy. Any other costs will be borne by me/us. I/We will deliver to ARAG at any time and ARAG can inspect at any time any files held by the Solicitors instructed by me/us in relation to this claim. I hereby consent to ARAG processing my personal data for the purposes of providing me with the services available under my policy as they apply to this particular claim, and to administer my legal expense claim in accordance with the Data Protection Policy and the GDPR and Data Protection Law Notice.

Signature:

Date: