



Motor

CLAIM FORM

SECTION 1

POLICYHOLDER

Name: _____	
Address: _____ _____	
_____ Telephone Number: _____	
ARAG Policy Number: _____	Occupation: _____
Are you self employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you registered for VAT? YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/>	Provisional <input type="checkbox"/>	
Do you have any penalty points on your licence? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many? _____
Do you have any previous driving convictions Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please include a copy of your Driving Licence with this form.

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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

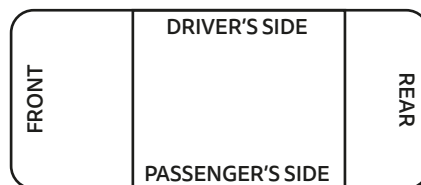
ACCIDENT

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:



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: _____
_____	_____	_____
_____	_____	_____

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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 <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 3

PROSECUTION DEFENCE

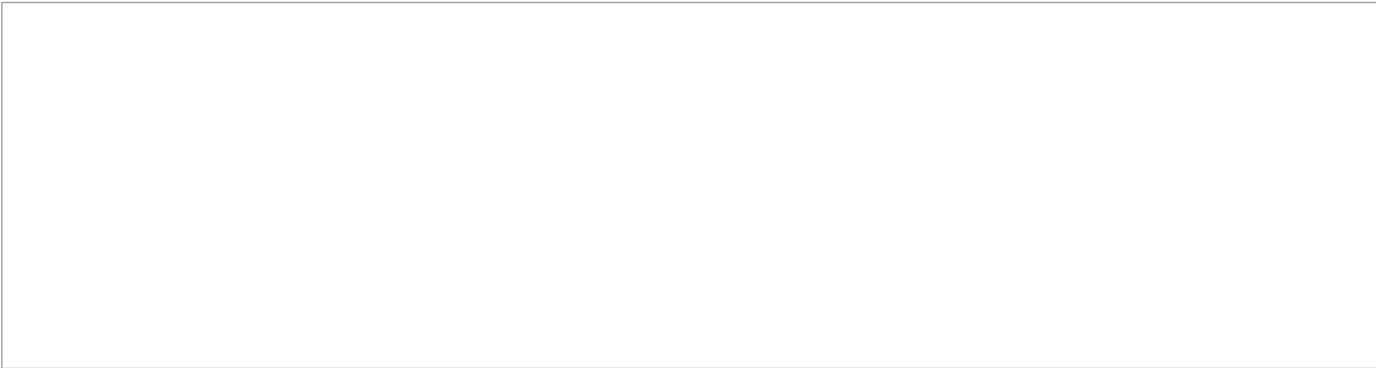
Against whom are proceedings being taken? _____
Alleged Offence: _____
Name and Address of court: _____ _____
Time and date of hearing: _____
Do you intend to plead guilty or not guilty? _____
Please attach copy summons.

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SECTION 4 DESCRIPTION

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

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: