

## Motor Insurance - Claim Form

PLEASE COMPLETE THIS DOCUMENT IN BLOCK CAPITALS

Policy Number

Claim Number

---

### Section A - Policyholder Details

First Name  Surname  Company Name (if applicable)

Postal Address

Occupation  Email

Telephone (Mobile)  Telephone (Other)

---

### Section B – Driver's Details

Drivers full Name  D.O.B.

Postal Address

Occupation  Telephone

Does the driver own his own vehicle? Yes  No

If 'No', does the owner pay him to drive the vehicle? Yes  No

Was the driver driving with the policyholder's permission? Yes  No

Does the driver hold insurance in his own name? Yes  No

If 'Yes', please provide details

Licence type: Full  Provisional

Type of Licence: Irish  EU  Non-EU

How long has the driver held a licence?

Licence Number

Licence Expiry Date

Vehicle group the driver can drive?

Does the driver have any prosecutions or convictions pending or arising;

From this incident? Yes  No

If 'Yes', please give details.

Was the driver breathalysed as a result of this incident? Yes  No

From previous incidents? Yes  No

If 'Yes', please give details.

Has the driver any previous accidents or claims? Yes  No

If 'Yes', please give details.

Has the driver any penalty points? Yes  No

If 'Yes', please give details.

---

### Section C – Insured's Vehicle

Make and model  Year  Registration Number

Number of fixed seats (including driver's seat)

In front of vehicle?

In back of vehicle?

Is the vehicle a heavy goods vehicle? Yes  No

If 'Yes', please provide details

HGV Licence Number and expiry date

Does the vehicle have a current NCT/MOT? Yes  No

If 'Yes', please provide details

Are you VAT registered? Yes  No

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

Is the vehicle under a hire purchase agreement? Yes  No

If 'Yes', please give details of hire or lease company

**Section D – Damage to Insured Vehicle (Please complete this section regardless of whether you are claiming for your own damage or not)**

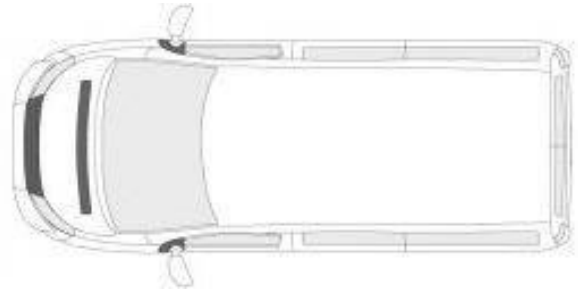
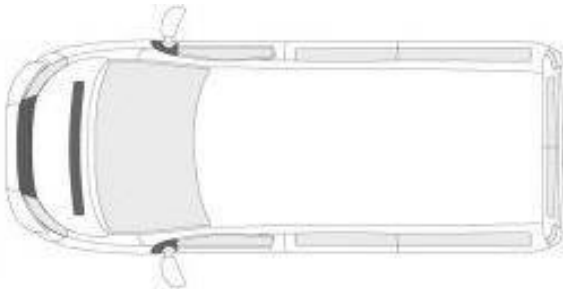
Are you claiming for damage to your own vehicle? Yes  No

Give a brief description of the damage to the vehicle

Where is the vehicle now?

On the first diagram below please indicate by marking with an 'X' any damage to **your vehicle** as a result of this accident

On the second diagram below please indicate by marking with an 'X' any damage to any **third-party** vehicle as a result this accident



What is the weight and type of goods carried, if any?

---

**Section E – Details of Incident**

Date

Time

Place/Location

Driving conditions at the time of incident?

Speed at the time of incident (KPH)?

Was there a pedestrian/cyclist involved? Yes  No   
If yes, please answer the questions below

If pedestrian involved, was he/she on a pedestrian crossing? Yes  No

If not, is there a crossing nearby? Yes  No

If a cyclist was involved, was he/she travelling in the cycle lane? Yes  No

Was there a helmet being worn?

Yes      No

Did an ambulance attend the incident?

Yes      No

Did a fire brigade attend the incident?

Yes       No

Did a garda take details of the incident?

Yes       No

If 'Yes', please give details of name, station and badge number

Circumstances of incident. Please provide a detailed description.

Who do you consider to be at fault and why?

Explanatory sketch:

Was there Dash Cam footage in any of the vehicles involved? If yes, please provide details.

**Section F – Witnesses: Give names and addresses of all witnesses to the accident**

Name	Address	Telephone
1) Passengers in insured's vehicle		
2) Passenger in third party's vehicle		
3) Independent witnesses		

---

**Section G – Third Parties involved**

Where there any Third Party vehicles involved? Yes  No   
If yes, please complete the below:

Third Party Name (Veh 1)		Telephone	
Address			
Drivers name if different		Telephone	
Drivers address			
Registration Number		Make and Model	
Name of insurer		Policy Number	
How many people, including the driver were in the third-party vehicle?			
Third Party Name (Veh 2)		Telephone	

Address

Drivers name if different  Telephone

Drivers address

Registration Number  Make and Model

Name of insurer  Policy Number

How many people, including the driver were in the third-party vehicle?

Additional Third Party vehicles should be detailed on a separate sheet.

Injured Parties – where there any injured parties caused by the incident? Yes  No   
If yes, please complete the below:

Injured Party 1  Telephone

Address

Nature of injury

If passenger, state in which vehicle

Registration Number

State if pedestrian or cyclist

Was the injured person taken to hospital by ambulance? Yes / No

Injured Party 2  Telephone

Address

Nature of injury

If passenger, state in which vehicle

Registration Number

State if pedestrian or cyclist

Was the injured person taken to hospital by ambulance? Yes / No

Additional Injured Parties should be detailed on a separate sheet.

---

### Section H – Damage to property (complete only if applicable)

Was there any damage to Third Party property? Yes  No   
If yes, please complete the below:

Name  Telephone

Address

Email address

Brief details of damage

---

**Section I - Fire or theft details (complete only if applicable)**

Date and time of theft

Location of vehicle when theft occurred?

Was the vehicle locked? Yes / No

Was the alarm on? Yes / No

Any other security measures used?

Please provide details of Garda Station theft was reported to including Garda Name and station address.

If you are claiming for fire damage, did the fire brigade attend to the vehicle? If so, give details of station name.

**Gardai Reporting (this must be completed in order to process your claim in the event of theft)**

I am reporting the theft or loss of the property referred to in this form;

From (address)  On the date of

Valued at €

---

**Certificate to be completed by the Garda Siochana**

This is to certify that

With an address of

Reported the loss of (Reg)  to the station on

In our recording we note Catalpa Underwriting Ltd.'s interest in this property

Signature of Garda

Date

Garda Station

Garda Stamp

Pulse ID:

## Catalpa's guidance on your claim

It is in all our interests that your claim is finalised as quickly and as fairly as possible and we want to deal directly with you to achieve this.

You can assist us by letting us have any information or documentation that we ask you for or that you believe would be useful to us in support of your claim.

If you have suffered an injury or your vehicle or property have been damaged, we will work directly with you to try to quickly and fairly resolve your claim.

### Injuries Board

If you have been injured, we would like to deal directly with you but you may choose to refer your claim to the Injuries Board. The Injuries Board the Government body which makes personal injury awards. It was set up by the Government to assess claims for compensation for anyone who has been in an accident and suffered an injury.

You will find useful guidelines on the Injuries Board website, [www.injuriesboard.ie](http://www.injuriesboard.ie)

You can contact the Injuries Board as follows: -

Telephone: Lo-call 0818 829 121 Mon - Fri: 8am to 8pm  
Email: [enquiries@injuriesboard.ie](mailto:enquiries@injuriesboard.ie)

### Data Protection Notice

Please read the following carefully as it contains important information relating to the details that you give us.

#### Who are Catalpa?

We are a Managing General Agent in Galway that specialises in providing commercial insurance products in Ireland for our partners around Europe.

#### Why do we need to collect your personal data?

We require personal information in order to generate a quote/policy that is specifically tailored to your needs. We are also required by law to provide and check certain databases for fraudulent activity (i.e. The E.U. sanctions list)

In order to process a claim – we would require evidence of what occurred and what losses/injuries you may have sustained. In some circumstances, this may include sensitive data.

This information may be shared with other companies in order to meet our legal requirements. (See *Who do we share your information with* Section)

#### How do we collect information about you?

Primarily, we collect information about you from your broker, who is working on your behalf. On occasion we may also obtain data as follows:

- Receive data from the Injuries Board
- Through Online Searches
- Receive data from someone who is acting on your behalf (i.e. Solicitor)
- Receive data from other Insurers
- Fraud prevention databases

#### Who do we share your data with?

We may share some of your information with a number of Third Parties

- Legal Professions (to meet legal obligations)
- Loss adjusters, repairers, medical professionals, solicitors, investigators in order to process claims
- The Insurer that underwrites your policy
- The Reinsurer that covers your policy
- Private Investigators
- Fraud prevention Databases

We would also share your data in order to meet any legal obligations (via An Garda Siochana, Courts, or other government agencies that have a legal right to your information)

In order to provide you a policy, we do share your information with the Insurers that would be within the EEA (European Economic Area). This is all done within the GDPR regulations.

#### How long do Catalpa Keep your information?

All policy information will be held for 7 years after the end of the client/Insurer relationship. In the event of a claim being notified we would hold onto the information for 18 years to meet our legal obligations. *We only require this information in order to meet our legal obligations and will not use it for any other purposes other than to meet our legal obligations.*

#### How do you correct the information we have about you?

If you believe the information is wrong about you – please contact us via email or phone and we will try and rectify the issue as soon as possible.



**What rights do you have on the information we hold about you?**

You may at any time request any of the following from us

Provide you with the personal information we have on you (in a commonly used electronic format or Hard copy)  
Request your personal information to be deleted (please note that this request cannot be done if you have an active policy/claim or if we have legal obligations to hold onto it.

Request we transfer your personal information to another company.

Request we restrict the use of your information

Object to the processing of your data

If you wish to request any of the above, please email us a request to [dataprotection@catalpa.ie](mailto:dataprotection@catalpa.ie) or write to us at our address (see below)

In order to make sure we do not provide your information to another party please provide us with your Name, Address, Date of Birth and any policy IDs/Claims References that you have along with photo identification and Proof of address.

All requests are free of charge and we will try to respond within one month from receipt of the request. If this timeframe cannot be met, we will inform you of this along with the reason this may occur.

Requests to restrict your data may lead to Catalpa being unable to continue to provide an insurance product and/or handle your claim(s) as we have legal obligations to uphold.

**What happens if the Data Protection notice changes?**

This notice will change periodically, so please check it each time you send us personal information or renew your policy to make sure you are aware of everything.

**Who do you contact if you have a question on this notice?**

If you have any questions on this notice, please contact:

Data Protection Dept.  
Catalpa Underwriting Ltd,  
First Floor,  
Howley Square,  
Oranmore,  
Galway.

You may also email us at [dataprotection@catalpa.ie](mailto:dataprotection@catalpa.ie)

**If you have a complaint – who do you contact?**

If you wish to make a complaint, please send an email to [dataprotection@catalpa.ie](mailto:dataprotection@catalpa.ie) or write to us using the address above. We will investigate your complaint and respond with the outcome within 30 days.

If you are not satisfied with the outcome, you can lodge a complaint with the Office of the Data Protection Commissioner, Canal House, Station Road, Portarlinton, Co. Laois, R32 AP23.

**Declaration**

I declare that, as far as I am aware, the information I have given in this document is true. I authorise you, and any solicitor you appoint, to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

I am aware that I may appoint an independent loss assessor to act on my behalf and help with the preparation of my claim, but the cost of this assessor will be at my own expense.

Insured's  
Signature

Date

Driver's  
Signature

Date

**IMPORTANT NOTICE:**

Failure to disclose material facts could result in your contract being voided. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material or not you should disclose it. Full details of the cover provided appears in the policy document, a copy of which is available on request.