

Motor Incident Report Form



Policy No.

Claim Ref:

Please ensure the following:

- Sign and date this form and return to KennCo Underwriting Limited.
- Ensure all information is accurate.
- Complete all relevant sections of form.

1. POLICY HOLDER DETAILS

Name:

Address:

Email Address:

Occupation:

Date of Birth

Telephone Number:

Are you registered for VAT? Yes No

2. DRIVER DETAILS

Name:

Address:

Date of Birth

Occupation:

Telephone Number:

Driving Licence No.

Full or Provisional Licence Full Prov. **Please enclose a copy of your licence (front & back)**

Does the Driver have a Motor Insurance Policy in their own name? Yes No

If 'yes', please provide the following details:

Insurer: Policy Number

Has the driver notified their own insurers of this accident? Yes No

Does the driver own the vehicle? Yes No

Is the driver paid to drive the vehicle? Yes No

Has the Policyholder or the driver ever had any penalty points? Yes No

If 'Yes', give details:

1. Have you or the driver ever been convicted of any offence or incurred a fine? Yes No

2. Have you or the driver ever been involved in any other accident? Yes No

3. Is the driver the main user of the vehicle? Yes No

4. Have you or the driver ever been refused insurance, had insurance cancelled, been refused renewal or had special terms imposed? Yes No

5. Does the driver suffer from diabetes, epilepsy, a heart condition or any other medical condition? Yes No

If 'Yes', give details:

3. POLICYHOLDER VEHICLE DETAILS

Vehicle Registration

Vehicle Make & Model

Estimated Value

Number of seats in the vehicle

Does the vehicle have a valid NCT/DOE certificate? Yes No

Who is the vehicle registered to?

Is the vehicle subject to a hire purchase or leasing agreement? Yes No

If 'yes', complete the following;

Name of Hire Purchase Provider/Leasing Company:

Agreement Reference Number:

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

State the weight and nature of goods carried if any:

Describe the damage to your vehicle:

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

Is your vehicle still mobile? Yes No

Where can your vehicle be inspected?

4. PASSENGERS IN YOUR VEHICLE

Were there any passengers in your vehicle? Yes No

If 'yes', provide details below;

Name:				
Address:				
Telephone				
Reported Injuries?				
Seatbelts Worn	Yes	No	Don't Know	Where seated in vehicle

Name:				
Address:				
Telephone				
Reported Injuries?				
Seatbelts Worn	Yes	No	Don't Know	Where seated in vehicle

Please continue on a separate sheet if necessary.

5. WITNESS DETAILS

Please provide details of any/all witnesses:

Name	Address	Telephone No.	Do you know this person?
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6. DETAILS OF OTHER DRIVERS. VEHICLES OR PROPERTY

Were there any passengers in your vehicle? Yes No

If 'yes', provide details below;

Driver's Name:

Driver's Address:

Vehicle Registration:

Make & Model:

Driver's Telephone:

Insurer:

Policy Number:

Were there any passengers in the other vehicle? Yes No

If 'yes', provide details below;

Name:				
Address:				
Telephone				
Reported Injuries?				
Seatbelts Worn	Yes	No	Don't Know	Where seated in vehicle

Name:				
Address:				
Telephone				
Reported Injuries?				
Seatbelts Worn	Yes	No	Don't Know	Where seated in vehicle

7. ACCIDENT DETAILS

Date of incident: Time: Location:

Did your vehicle collide with a pedestrian or cyclist? Yes No

If 'yes', provide details below:

Name:				
Address:				
Telephone				
Reported Injuries?				

Name:				
Address:				
Telephone				
Reported Injuries?				

Please continue on a separate sheet if necessary.

Was he/she on a pedestrian crossing? Yes No Was there a crossing nearby? Yes No

Did an ambulance or other emergency medical personnel attend? Yes No

How fast were you driving? What was the speed limit?

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Describe the road conditions at the time:

Was the incident reported to An Garda Síochána? Yes No

If 'yes', provide details below:

Garda Name:

Garda Station:

Did the Gardaí attend the scene of the accident? Yes No

Did they see the vehicles before they were moved? Yes No

Have you provided or have you been asked to provide a written statement to An Garda Síochána? Yes No

Have you been notified or are you aware of any Garda prosecutions resulting from this incident? Yes No

If 'yes', provide details below;

Had you consumed any alcohol or drugs prior to driving your vehicle on this occasion? Yes No

Were any persons breathalysed by Gardaí? Yes No

If 'yes', provide details below;

Written Description of Incident

Please give as much information as possible to help us assess liability. Please confirm exactly how the incident happened and confirm details of all damaged property.

In your opinion, who is to blame for this incident and why:

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8. FIRE, THEFT OR VANDALISM

Fire Theft Vandalism

Date and time of loss:

Date Time Location vehicle was found

Date and time somebody was last with the vehicle:

Date Time Location vehicle was left

In case of theft, has the vehicle been found? Yes No Not Applicable

If 'yes', where is it now?

Was the vehicle locked? Yes No

Was a car alarm on? Yes No

Did the vehicle have any previous damage? Yes No

If 'yes', give details

Was the immobiliser on? Yes No Not Applicable

How many set of keys did you have?

Do you know of any witnesses? Yes No

If 'yes', give details

Name	Address	Telephone No.	Do you know this person?
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Was the incident reported to An Garda Síochána? Yes No

If 'yes', provide details below:

Garda Name: Garda Station:

Did the Fire Brigade attend? Yes No

If 'yes', provide details below:

Name of Station No. of Unit

Mileage on vehicle at time of loss: Kms Miles

Written Description of Incident - *Please give as much information as you know about this incident:*

REPORTING TO AN GARDA SÍOCHÁNA

This is to certify that: (Person's Name)

of: (Person's Address)

Reported to this station on the undernoted date, the loss of or damage to the property described in Section 3 above:

Date Reported: To your knowledge is any person likely to be charged? Yes No

The interest of KennCo Underwriting Ltd has been noted

Garda Name:

Garda Signature:

Pulse ID:

Station Stamp

DECLARATION

I/WE DECLARE that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects, and request you deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions in the policy. I/We authorise you and/or your Solicitor on my/our behalf to make such admissions and settlements, and give such consents as you may consider necessary for the disposal of any such claim or litigation arising out of this incident.

Signed:

Date:

Please return to KennCo Underwriting Limited, Suite 5-7 Grange Road Office Park, Rathfarnham, Dublin 16
KennCo Underwriting T/A KennCo Insurance is regulated by the Central Bank of Ireland

9. ADDITIONAL INFORMATION

KennCo Data Protection Notice

Our Data Protection Notice sets out how we will use and protect your personal data, including sensitive personal data. If you are a KennCo policyholder, the Privacy Statement on our website (www.kennco.ie/privacy-statement) will also apply. Your data will be processed in accordance with all applicable data protection laws, principles and code(s) of practice.

By making or continuing with your claim(s) against KennCo or any of its policyholders you explicitly agree to the collection, use and sharing of your personal data (including sensitive personal data) as set out in this Data Protection Notice.

KennCo Underwriting Ltd ('we' 'us' 'our', as referenced in this data protection statement) is the registered data controller in relation to personal information held about you for the purpose of the Data Protection Acts.

We may obtain personal information from the following sources (without limitation): directly from you, third parties involved in an incident in which you are involved, witnesses, other insurers, solicitors or other experts acting on behalf of you or any third party or (in limited circumstances) An Garda Síochána. We may also carry out searches whether online (via websites with publicly available information or various industry specific websites), through various media outlets (including, without limitation, television or radio) or otherwise (including, without limitation, State and/or industry registers).

KennCo will conduct a search of third party databases (including without limitation Insurance-Link which will return information relating to you and your vehicle, including (without limitation) any previous claims made by you, your vehicle and its write off history).

KennCo will use the personal data and sensitive personal data it gathers to: verify your (or your authorised representative's) identity; to manage and investigate any claim(s) made by you or where you are (or may be) a witness; for staff training, performance reviews & discipline and for reviewing and improving processes & systems; for the detection and prevention of fraud and to assist An Garda Síochána or any other authorised investigatory body in Ireland with any inquiries or investigations; to manage and investigate any complaints; for reinsurance reporting purposes; for compliance with regulatory, legal and tax laws and regulations; and/or as otherwise set out in this Data Protection Notice or any other documentation we provide to you.

In the course of using your personal data as set out in this Data Protection Statement we may share your personal information, including sensitive personal information, with the following third parties (without limitation): other insurers, witnesses to the incident(s) in question, third party legal advisors and specialists, State departments, bodies and agencies, agents and service providers (including (without limitation) motor repairers/engineers, car hire companies, loss adjustors, tradesmen, medical practitioners, solicitors/barristers, various other claims investigation specialists, private investigators (under an appropriate confidentiality agreement) and (if required) translators).

We or our service provider may need to send your personal data outside the European Economic Area. If this occurs we will ensure that such transmission is carried out in accordance with relevant data protection laws.

Information about claims (whether by our customers or third-parties) made under policies that we provide is collected by us when a claim is made and some details are placed on a central insurance industry database of claims known as **Insurance Link**. This information includes the claimant's name, address and date of birth and the type of injury or loss suffered. Through **Insurance Link** this information may be shared with other insurance companies, self-insurers or statutory authorities. Insurers also reserve the right to use Insurance Link information at underwriting stage. More information about Insurance Link can be found at www.inslink.ie

We may record or monitor telephone calls to ensure accuracy of communications and for training, prevention of fraud, management of complaints and to improve the consumer experience.

How long we keep your personal data is determined by the purposes we use it for, time limits set out in law and the period we need to keep it to defend us against legal action.

If you have any queries or complaints with regards to how we use your personal data please contact us on the below details:

Data Protection Officer
KennCo Underwriting Ltd, Suites 5 -7 Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16
Tel: **+353 (0)1 4998360** Email: compliance@kennco.ie

You also have the right to make a complaint with the Office of the Data Protection Commissioner. Their contact details are as follows:

Data Protection Commissioner
Canal House, Station Road, Portllington, County, Laois
Tel: +353 (0)761 104 8000 Email: info@dataprotection.ie

Claims Information

At KennCo Underwriting we want to be able to provide the best possible service to you in respect of all claims. If you require information on how to make a claim or if you require assistance in completing claims forms, please contact our claims department on 01 4994600. You can also avail of Our Out of Hours 24 hour Accident Assistant Service (Ph 01-2735195).

If your vehicle is deemed to be beyond economic repair following a road traffic accident, fire or theft we will have an independent motor engineer calculate the value of your vehicle on what it was worth prior to the loss.

We engage the services of loss adjusters or expert appraisers to assist in the settlement of a claim, however at any stage of the claims process, you may appoint your own engineer or loss adjuster at your own expense.

Where a claim involves third party damage or injury, we will work directly with you to try and resolve the claim as fairly and quickly as possible. 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 been injured, we would welcome the opportunity of dealing directly with you, though you also have the choice to refer your claim to the Injuries Board. Details of the Injuries Board process and procedures can be found on their website: www.injuriesboard.ie. You can also call the Injuries Board on Lo-call 1890 829121 or write to them at the Injuries Board, PO Box 8, Clonakilty, Co Cork.

If you have been involved in a motor accident with an uninsured or unidentified vehicle or with a foreign registered vehicle, please contact the Motor Insurance Bureau of Ireland (MIBI) for further assistance in processing your claim. Tel: +353 1676 9944.
Website: www.mibi.ie

If a claim is paid under a policy, the settlement of that claim may affect future insurance contracts of that type. For further information please contact your Insurance Broker or KennCo Insurance if you are insured with us directly.

KennCo Complaints Procedure

While we are committed to providing the highest level of service to our customers, if you are dissatisfied with any aspects of our service, policy terms or claims handling, please write to:

The Complaints Manager, KennCo Underwriting Ltd, Suites 5 – 7 Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16
Phone: (01) 4994600, E-mail: complaints@kennco.ie