



Motor Incident Report Form

KENNCO Underwriting is regulated by the Central Bank of Ireland.

Please answer all questions fully, where applicable.

1. INSURED DETAILS

Full Name **Policy Number**
Address **Home Telephone**
Work Telephone
Driving Licence: Full / Prov
Categories
Address: (Business) **Licence Number**
Expiry Date
Date of Birth
All Occupations (Full & Part Time)
Are you registered for VAT Yes No

2. DETAILS OF ACCIDENT

Date **Time** am/pm **Weather Conditions**
Road Conditions **Width of Road**
Accident Location (Road, Town/County)

	INSURED VEHICLE	THIRD PARTY VEHICLE
Speed of Vehicle prior to Accident?		
Distance from nearside Kerb?		
What lights were Displayed?		
What Signals were given?		
What warnings were given?		

Were Alcohol/Drugs in any way a contributing factor to the accident **Yes** **No**
 If 'YES' give details.

Was the driver's view obstructed in any way? **Yes** **No**
 If 'YES' give details.

Was (were) any third party vehicle(s) damaged?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'YES' please describe the damage

Do you consider yourself responsible for the accident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did any party admit liability at the scene?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Were the Gardai at the scene?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, was the incident reported to the Gardai?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'YES' please advise reporting Garda's Name and Garda Station

Was any person other than the insured driver injured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please describe in detail exactly what happened and give your opinion as to who was responsible and why.

Sketch Plan ~ Please provide a clear sketch of the accident scene. Where possible include details of the road, road markings, road signs, vehicle involved and the direction of the vehicle. Show your vehicle as 'A'.

Please advise details of all witnesses including passengers, pedestrians, etc

NAME	ADDRESS	AGE	PHONE No.	DRIVER / PASSENGER/ETC

3. Person Driving or Person last in charge of the car at the time of the incident

Full Name	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>	Home Telephone	<input type="text"/>
		Work Telephone	<input type="text"/>
		Driving Licence: Full / Prov	<input type="text"/>
		Categories	<input type="text"/>
Address: (Business)	<input type="text"/>	Licence Number	<input type="text"/>
Date of Birth	<input type="text"/>	Expiry Date	<input type="text"/>

All Occupations (Full & Part time)

Relationship of driver if other than insured Spouse Child Parent Friend Employee Others

Did the driver have the policyholder's permission to drive the vehicle Yes No

State the purpose for which the vehicle was being used. (Terms such as social, domestic & pleasure are not sufficient)

Was the driver separately insured under any Motor Policy at the time of this accident Yes No

If 'YES', give name and address of Insurance Company along with the policy number.

Have you or the driver ever been convicted of any offence or incurred a fine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or the driver ever been involved in any other accident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the driver the main user of the vehicle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or the driver ever been refused insurance, had insured cancelled, Been refused renewal or had special terms imposed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the driver suffer from diabetes, epilepsy, heart condition or any other medical condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please give details	<input type="text"/>			

4. DETAILS OF INSURED VEHICLE OR VEHICLE BEING DRIVEN AT THE TIME

Registration Number	Year of Make	Make & Model	CC	Est. Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the vehicle owned by the insured? Yes No

Is the vehicle registered in the insured's name? Yes No

If 'NO' please give details of the owner / registered keeper:

Does any financial institutions or hire purchase company have an interest in the vehicle?

Please describe the damage to your vehicle:

Please advise where the vehicle may be inspected?

Tel.

5. DETAILS OF OTHER VEHICLE(S) OR PERSONS INVOLVED

Name of Owner			
Address			
Name of driver			
Vehicle Reg No.			
Make & Model			
Extent of Damage			
Insurance Co			
Policy No.			

Persons Injured

Name			
Address			
Age			
Occupation			
Injury Details			

Were seatbelts worn? Yes No Yes No Yes No

Hospitalised? Yes No Yes No Yes No

Name of Hospital			
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6. FIRE / THEFT ~ complete A or B as applicable & C

A. IF FIRE

State date:		Time:		am/pm
State Cause of Fire:				
Address of Fire Brigade attended:				
Where can the vehicle be inspected?				
Extent of Damage:				

B. IF THEFT

State date vehicle was left		Time	am/pm
State date that vehicle was discovered missing		Time	am/pm
State date vehicle was recovered (if applicable)			
And by whom?			
Where can the vehicle be inspected?			
Was the incident reported to the Gardai?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If No please advise why?			
If Yes please advise reporting Garda's name and address of station:			
What precautions were taken to prevent the theft			
Where exactly were the keys at the time of the theft			
Your estimate of current value	€		
Was there any pre-existing damage or defects to the vehicle prior to the theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

B. DESCRIPTION OF INCIDENT

Describe fully ~ How the Fire / Theft occurred

State ~ Names and addressed of any Persons having knowledge Of the loss circumstances.

Have the Gardai apprehended any Persons in connection with this Incident?

Yes No

If 'YES' please give full details

IF THE VEHICLE REMAINS MISSING AFTER 28 DAYS, PLEASE FORWARD

- | | |
|----------------------------------------------------------------------------------|----------------------------------------|
| 1. Vehicle Registration Document or Tax Book | 5. Full Service History (If available) |
| 2. Certificate of Insurance and items missing | 6. Purchase receipts for the vehicle |
| 3. Vehicle Keys (including spare sets)
Value and condition of Vehicle | 7. Any other documents to establish |
| 4. Vehicle alarm control and / or immobiliser
Keys (including all spare sets) | |

THIS FORM MUST BE COMPLETED BY THE GARDA SIOCHANNA AND RETURNED TO US WITHIN FORTY EIGHT (48) HOURS NOTIFICATION TO 'AN GARDA SIOCHANA'

I / We wish to confirm the Theft / Loss of the € from (Address / Scene)

On (Date)

Reg. No	CC	Fuel Type	Make	Year	Make & Model	Mileage at Date of Loss

**CERTIFICATION TO BE COMPLETED BY AN GARDA SIOCHANA
TO
KennCo Underwriting Ltd.**

This is to certify that (full name)

Of (address)

Reported to this station on this date the Theft / Loss of:

We have noted for our records the interest of KennCo Underwriting Ltd, in this property.

Signed GARDA Dated : Please stamp this form ↓

Garda Station Address

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 to 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 such

Signature of Policyholder Date

Signature of driver Date

BROKER USE ONLY ALL QUESTIONS HAVE BEEN ANSWERED FULLY
COPIES OF DRIVERS LICENCE ATTACHED

7. ADDITIONAL INFORMATION

IMPORTANT NOTICE

1) If you require information on how to make a claim, or if you require assistance in completing forms please contact our claims department at 499 4600.

2) While we use external engineers, you may at any stage of the process, appoint your own engineer or loss adjuster, at your own expense

3) In the event you are unhappy with any aspect of the claim settlement process you may submit a complaint to the Managing Director, KennCo Underwriting Ltd, or refer to your Policy booklet for full details of the appeals mechanism.

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