



Please Complete, Sign and return to your O'Leary contact as soon as possible

For all claims please fill in parts A and B. Then:

- for commercial vehicles, fill in part C;
- your vehicle was stolen and recovered, fill in parts D, F and G;
- your vehicle was stolen and has not yet been recovered, fill in parts D, E, F, and G; and
- your vehicle has been damaged by fire, fill in parts D, F and G.

PART A - POLICYHOLDERS DETAILS

Your name: _____ Your Insurer + Policy Number: _____

Your address: _____

Your e-mail address (if any): _____

Your occupation: _____

Phone numbers

Daytime: _____ Evening: _____ Mobile: _____ Fax: _____

Are you registered for VAT? No Yes VAT number: _____

PART B - INSURED VEHICLE

1. Vehicle registration number: _____ Year of manufacture: _____

Make: _____ Model: _____ Engine size: _____

2. Number of seats in the vehicle: _____

3. Are you still paying for the vehicle under a hire-purchase or leasing agreement? No Yes Give details below.

Name of hire-purchase or leasing company: _____ Agreement's reference number: _____

4. Was a trailer attached to your vehicle at the time of the accident? No Yes

5. What was the vehicle being used for at the time? _____

6. On the diagram below, please show where the vehicle is damaged.

7. Where is the vehicle now? _____

8. Has this vehicle passed the NCT test? No Yes When? _____



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PART C - COMMERCIAL VEHICLES

Fill in this part only if your vehicle is a commercial vehicle.

1. The weight and type of goods carried, if any: _____
2. Is yours a heavy goods vehicle? No Yes Give details below.
Your HGV licence number: _____ Expiry date shown on licence: ___/___/___ (DD/MM/20YY)
3. Total number of fixed seats (including the driver's seat)
in front of vehicle: _____ in back of vehicle: _____
4. Maximum number of people your vehicle can carry: _____
- 6 If a pedestrian was involved, was he or she on a pedestrian crossing? No Yes

PART D - THEFT OR FIRE DETAILS

1. Date and time of fire or theft Date: ___/___/___ Time: _____ am pm
2. Date and time somebody was last with the vehicle Date: ___/___/___ Time: _____ am pm
3. Where was the vehicle at the time of the fire of theft? _____
4. Was the vehicle locked? No Yes Was the alarm on? No Yes
5. What other security measures were being used (for example, immobiliser)? _____

6. Please give details of the Garda station and the Garda you reported the loss to.
Name of Garda you spoke to: _____
Station address: _____

7. What was the vehicle's mileage at the time of the loss? _____
8. Where were the vehicle's keys at the date and time of the loss? _____
9. If you are claiming for fire damage, did the fire brigade come out to the vehicle? No Yes Give details below.
Name of the fire brigade station: _____
10. Please describe exactly what happened. _____

11. Are there any prosecutions or convictions pending arising from this incident? Please give details.



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PART E - UNRECOVERED VEHICLE

Fill in this part only if your vehicle has not been found.

1. Date of first registration as new: _____ Colour: _____
Engine number: _____ Chassis number: _____

(You will find the chassis number and the engine number on your vehicle registration or log book.)

2. In the space below, list any extra features fitted to the vehicle.

3. In the space below, list any major parts which have been renewed in the last 12 months and attach invoices where possible.

4. Please give details below of any property stolen from the vehicle, including the age and value of that property.

PART F - DECLARATION

I declare that, as far as I know, the information I have given 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.

Date: ____/____/____ Your signature: _____

PART G - REPORTING TO THE GARDA SÍOCHANA

Fill in this part with the Garda Síochana.

I am reporting the theft or loss of the property set out in this form

from: _____

on: _____

The property is valued at approximately: € _____

Certificate to be filled in by the Garda Síochana

This is to certify that: _____ (person's name)

of: _____ (person's address)

reported the theft or loss of: _____ (property) to this station on: ____/____/____

In our records we have made a note of O'Leary Insurance group's interest in this property.

Garda's signature: _____

Date: ____/____/____

Garda station: _____

Please stamp this form.
