



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

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? Yes No 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? Yes No

5. Give a brief description of the damage. _____

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

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

8. Where is the vehicle now? _____

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



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PART C - COMERCIAL VECHICLES

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: _____

PART D - DRIVERS DETAILS

1. Driver's full name
Title (Mr, Mrs, Ms and so on): _____ First name: _____ Surname: _____
2. Driver's address: _____

3. Driver's occupation: _____
4. Driver's date of birth: ___/___/___
5. Does the driver own the vehicle? No Yes
6. If no, does the owner pay the driver to drive the vehicle? No Yes
7. Was the driver driving on the orders of the policyholder? No Yes
8. Was the driver driving with the policyholder's permission? No Yes
9. Has the driver got their own insurance covering this accident? No Yes Give details below.
Insurance company: _____ Policy number: _____
Has this accident been reported to the insurance company? No Yes

PART E - DRIVER'S LICENCE DETAILS

1. How long has the driver held a licence? _____ years _____ months
2. Is the licence: full? provisional?
3. Licence number: _____
4. Vehicle groups the driver can drive: _____
5. Date of issue shown on the licence: _____

PART F - CIRCUMSTANCES OF ACCIDENT

1. Where did the accident happen? _____ Date: ___/___/___ Time: _____ am pm
2. What were the weather conditions like at the time? _____
3. How fast was your vehicle going? _____
4. What was the speed limit? _____
5. Which Garda station was the accident reported to? _____
6. If a pedestrian was involved, was he or she on a pedestrian crossing? No Yes



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If no, was there a crossing nearby? No Yes

7. Please describe exactly what happened.

8 Do you think that the person driving your vehicle was to blame for this accident? No Yes

If no, please give your reasons.

PART G - WITNESSES (INCLUDING ALL YOUR PASSENGERS)

	Witness 1	Witness 2	Witness 3
1. Name:	_____	_____	_____
2. Address:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3. Date of birth:			
4. Phone number:			
5. Did a member of the Garda take details of the accident? No <input type="checkbox"/> Yes <input type="checkbox"/> Give details below.			
Garda's name: _____	Badge number: _____	Station: _____	
6. Did a Garda witness the accident? No <input type="checkbox"/> Yes <input type="checkbox"/>			
7. If not, did they see the vehicles before they were moved? No <input type="checkbox"/> Yes <input type="checkbox"/>			

PART H - DETAILS OF ANY OTHER DRIVERS AND PEOPLE INVOLVED AND PROPERTY DAMAGED

1. Was another vehicle involved in the accident? No Yes Give details below.

Name and address of the driver of the other vehicle: _____

Registration number of the other vehicle: _____



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Name and address of the other driver's insurer: _____

Policy number: _____

Apparent damage to the other vehicle: _____

In the boxes below, fill in details of people injured.

Your passengers

Name:	Address:	Description of injury:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver and passengers of other vehicles

Name:	Address:	Description of injury:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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2. In the space below, draw a sketch of the accident showing:

- the positions of all vehicles involved;
- people or obstacles involved;
- the width of roads; and
- any road signs.

PART I - 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: _____