



Please return this form to your broker or to:

Wrightway Underwriting Ltd
Wrightway House, Ardavan Business Park,
Ardavan, Wexford, Ireland, Y35 FP8A
Tel: 053 9167100
Fax: 053 9143999

CARRIERS TRANSIT INSURANCE CLAIM FORM

How can we help you? We give claims our greatest possible care and try to deal with them as quickly as possible – because we know that this is important to you when you submit a claim. Our advanced systems make the procedure as fast as possible – but, sometimes, claims are delayed by incomplete information.

Please help us to help you by:

- Making sure that the information you give us is as clear and complete as possible
- Remembering to sign and date this form

Please complete the sections of this form appropriate to you claim.

If you are reporting an incident where someone is, or may be, holding you legally responsible, write to us giving full details of the incident.

IMPORTANT NOTE: You must enclose estimates/valuations/receipts with this claim form.

Use Block Capitals throughout. Tick boxes where appropriate. Use a separate sheet if answer sheet is insufficient.

Ref No 90/ /

FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION

INSURED:

Name: _____

Policy No: _____

Address _____

Business: _____

Telephone Numbers: _____

1. Do you use Conditions of Trading? Yes No

If "Yes" what are they? _____

2. Are they applicable in this case? Yes No

If "No", do you accept Common Law liability? Yes No

If "No", what liability do you accept under contract or agreement with the customer concerned?

What is the upper limit of such liability> _____

3. If IFF 1984 Conditions apply, please state if your contract was as

i) an agent or Yes No

ii) a Principal Yes No

Please attach copies of Consignment Notes, Bills of Lading and other documents and/or correspondence evidencing the terms agreed with your customer and any other parties involved in the performance of the contract.

Please attach copy of invoice to customer detailing the charges raised.

PLEASE COMPLETE IF ROAD HAULAGE OR FREIGHT FORWARDING CONTRACT IS INVOLVED

1 Consignor's Name and Address _____

2 Collection point (if different from above) _____

3 Consignee's Name and Address _____

4 If traffic was contracted to you please state -

Principal Contractor _____

Address _____

5 If traffic was sub-contracted by you please state -

Sub-contractor _____

Address _____

PLEASE ATTACH COPY OF CONFIRMATION NOTE OR OTHERWISE INDICATE HOW SUB-CONTRACTORS WERE HELD RESPONSIBLE.

6 If your vehicle was involved

Make

Registration No.

Driver's

Name and Address

How long employed?

How many vehicles do you operate?

7 Nature of Load

No. of items in load

Weight of load

Value of load

8 Date on which good were:

i)

Collected

ii)

Delivered

9 Signature given at Collection

Name

Was signature

i) Clear?

Yes

No

ii) Claused?

Yes

No

If claused, state remarks

Signature obtained on Delivery

Name

i) Clear?

Yes

No

ii) Claused?

Yes

No

10 Date of first complaint (other than traffic note)

11 Nature of loss or damage and description of load or part load damaged or pilfered

Weight of part load or
consignment affected

Total weight of
consignment

Total value of
consignment

12 If carriage charges were raise on a capacity basis, please give details and submit copy of freight invoice

PLEASE COMPLETE IF OTHER CONTRACTS ARE INVOLVED

1 If the Contract from which the claim arises includes some other activity (i.e. warehousing or packing etc).

Please state the precise nature of the work undertaken and attach copies of documents/correspondence relating thereto.

2 Details of your customer

Name and Address

3 Details of goods owner (if different from 2 above)

Name and Address

4 Details of goods owner (if different from 2 above)

Name and Address of occupier

Are these your own premises?

Yes

No

5 Were goods in your own physical custody and control?

Yes

No

6 If the premises were not your own and/or the goods were not in you own physical custody or control, give particulars of the persons or firm entrusted with the goods and attach any documents or correspondence relating thereto.

Name and Address

7 When did the loss or damage first occur?

8 Date of first complaint

9 Nature and extent of loss or damage and quantity of goods affected

GENERAL INFORMATION

1 Has this matter been reported to the Police or some other authority? Yes No

If "Yes", give name and address of authority concerned _____

Date Reported _____ Time _____ Reference _____

2 Did owners insure the goods? Yes No Not known

Details of Insurers if known _____

Name and Address _____

Policy No. _____

3 If claim relates to damage, where may goods be examined?

Name and Address _____

Telephone _____ Reference _____

4 Gross amount of claim _____ Value of salvage if any _____ Net amount of claim _____

Please attach documentary evidence in support of claim. Do not however delay submission of claim form if such documents are not immediately available.

REPORT ON THE CIRCUMSTANCES OF THE LOSS OR DAMAGE

Please supply a full description of the occurrence with employees statements attached, if possible. (In case of unexplained deficiency kindly give your views on probable explanations e.g., misconduct, faulty documentation etc. and indicate what steps have been taken to trace or locate the missing goods). Include information relative to any other loss or damage not covered by sections A or b of this form.

1 If theft took place from an unattended vehicle, or vehicle was stolen, please state

i) How vehicle was protected _____

ii) How entry was effected _____

iii) Was vehicle immobilized Yes No

If "Yes", state type of immobiliser/alarm system and how you consider it was overcome _____

2 i) If other vehicles involved, please state names and addresses of owners

ii) Vehicle Registration Numbers

iii) Names and addresses of drivers if different from (i) above

3 Names and addresses of owners' insurers (if known)

4 Names and addresses of any witnesses

DECLARATION

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature(s) X _____ Date _____

DATA PROTECTION

LLOYDS INSURANCE COMPANY S.A. (LLOYDS', 'WE', 'OUR', 'US') AND WRIGHTWAY UNDERWRITING LTD ("WUL") WILL HOLD YOUR DETAILS IN ACCORDANCE WITH OUR PRIVACY POLICY AND WUL'S PRIVACY POLICY TOGETHER WITH ALL APPLICABLE DATA PROTECTION LAWS AND PRINCIPLES.

THE INFORMATION YOU SUPPLY TO WUL, INCLUDING PERSONAL DATA ("DATA") AS PART OF THIS CLAIM IS REQUIRED BY US AND/OR WUL TO HANDLE YOUR CLAIM, PREVENT AND DETECT FRAUD AS WELL AS GENERALLY TAKE ANY STEPS IN ORDER TO FULFIL OUR CONTRACT WITH YOU AND COMPLY WITH OUR LEGAL OBLIGATIONS.

WUL MAY ALSO OBTAIN INFORMATION ABOUT YOU FROM THIRD PARTIES SUCH AS YOUR BROKER, CLAIMS SERVICE PROVIDERS (INCLUDING PRIVATE INVESTIGATORS) AND INSURANCE INDUSTRY AND GOVERNMENT BODIES FOR THE PURPOSES DESCRIBED ABOVE. IN ADDITION, WUL MAY CHECK YOUR DETAILS WITH FRAUD PREVENTION AGENCIES, AS WELL AS AGAINST INDUSTRY DATABASES SUCH AS INSURANCELINK (FOR MORE INFORMATION SEE BELOW).

TO ASSIST WUL IN HANDLING YOUR CLAIM AND PREVENT/DETECT FRAUD, WE AND/OR WUL MAY SHARE YOUR DATA (WHERE APPROPRIATE/APPLICABLE) AS FOLLOWS:

- WITH BUSINESS PARTNERS, SUPPLIERS, SUB-CONTRACTORS AND AGENTS WITH WHOM WE AND WUL WORK AND/OR ENGAGE (INCLUDING, BUT NOT LIMITED TO LEGAL FIRMS, MEDICAL PROFESSIONALS, PRIVATE INVESTIGATORS, THIRD-PARTY CLAIM ADMINISTRATORS AND OUTSOURCED SERVICE PROVIDERS) .
- WITH OTHER COMPANIES IN OUR GROUP, PARTNERS OF THE GROUP AND REINSURANCE COMPANIES LOCATED IN IRELAND AND ABROAD, INCLUDING OUTSIDE THE EUROPEAN ECONOMIC AREA ('EEA'). WHERE TRANSFERS TAKE PLACE OUTSIDE THE EEA, WE AND WUL ENSURE THAT THEY ARE UNDERTAKEN LAWFULLY AND PURSUANT TO APPROPRIATE SAFEGUARDS.
- WITH OTHER INSURERS AND/OR THEIR AGENTS.
- WITH ANY INTERMEDIARY OR THIRD PARTY ACTING FOR YOU.
- IN ORDER TO COMPLY WITH OUR AND WUL'S LEGAL OBLIGATIONS, A COURT ORDER OR TO COOPERATE WITH STATE AND REGULATORY BODIES (SUCH AS THE CENTRAL BANK OF IRELAND), AS WELL AS WITH RELEVANT GOVERNMENT DEPARTMENTS AND AGENCIES (INCLUDING LAW ENFORCEMENT AGENCIES).

IN ADDITION, INFORMATION ABOUT CLAIMS (WHETHER BY OUR CUSTOMERS OR THIRD-PARTIES) IS COLLECTED BY WUL WHEN A CLAIM IS MADE UNDER A POLICY AND MAY BE PLACED ON THE INSURANCE INDUSTRY CLAIMS DATABASE KNOWN AS INSURANCELINK, MAINTAINED BY INSURANCE IRELAND. THIS INFORMATION MAY BE SHARED WITH OTHER INSURANCE COMPANIES, SELF-INSURERS OR STATUTORY AUTHORITIES. THE PURPOSE OF INSURANCELINK IS TO PROTECT CUSTOMERS BY HELPING INSURERS IDENTIFY INCORRECT INFORMATION AND FRAUDULENT CLAIMS.

THE TIME PERIODS FOR WHICH WE AND WUL RETAIN YOUR DATA DEPEND ON THE PURPOSES FOR WHICH IT IS USED. WE AND WUL WILL KEEP YOUR DATA FOR NO LONGER THAN IS REQUIRED OR LEGALLY PERMITTED.

PRIVACY POLICY

FOR FURTHER INFORMATION PLEASE SEE OUR PRIVACY POLICY WHICH IS AVAILABLE ONLINE AT WWW.LLOYDS.COM/BRUSSELS AND WUL'S PRIVACY POLICY WHICH IS AVAILABLE AT WWW.WRIGHTWAY.IE/REGULATIONS.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR DATA, YOU CAN CONTACT US OR WUL USING THE CONTACT DETAILS BELOW.

LLOYDS INSURANCE COMPANY S.A.

- EMAIL US AT DATA.PROTECTION@LLOYDS.COM
- DATA PROTECTION OFFICER, LLOYDS, 1 LIME STREET, EC3M, 7HA, LONDON, UNITED KINGDOM

WRIGHTWAY UNDERWRITING LTD

- EMAIL US AT DATAPROTECTIONOFFICER@WRIGHTWAY.IE
- DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LTD, WRIGHTWAY HOUSE, ARDCAVAN BUSINESS PARK, ARDCAVAN, WEXFORD, IRELAND, Y35 FP8A
- CUSTOMER SERVICES ON 053 916 7100

STEP BY STEP GUIDE TO MAKING A MOTOR CLAIM

- IF YOU HAVE BEEN INVOLVED IN A MOTOR ACCIDENT AND WANT TO MAKE A CLAIM, YOU SHOULD CONTACT YOUR INSURANCE ADVISOR IMMEDIATELY WHO WILL TAKE ALL THE DETAILS FROM YOU, PROVIDE YOU WITH A CLAIM FORM, WHICH SHOULD BE COMPLETED AND RETURNED TO THEM AS SOON AS POSSIBLE
- ONCE COVER HAS BEEN CONFIRMED, YOU WILL NEED TO GET AN ESTIMATE FOR REPAIRS.
- IF YOUR CAR IS ALREADY IN A GARAGE/STORAGE AREA IT IS IMPORTANT TO ASK IF YOU ARE BEING CHARGED TO HOLD IT THERE AS THESE COSTS ARE NOT COVERED UNDER YOUR POLICY. IF THE VEHICLE IS A WRITE OFF, WRIGHTWAY UNDERWRITING LTD CAN ARRANGE TO HAVE IT MOVED FREE OF CHARGE. WE MAY NEED TO HAVE A MOTOR ASSESSOR INSPECT YOUR DAMAGED VEHICLE
- YOU CAN APPOINT YOUR OWN MOTOR ASSESSOR TO INSPECT YOUR DAMAGED VEHICLE AND HELP WITH THE PREPARATION OF YOUR CLAIM, HOWEVER THE COST WILL BE AT YOUR OWN EXPENSE.
- WE WILL NOTIFY YOU OF THE AGREED REPAIR COSTS AND YOUR VEHICLE REPAIRS CAN BEGIN.
- WHEN REPAIRS ARE COMPLETE YOU WILL NEED TO SEND US THE REPAIR BILL, WE WILL THEN ISSUE A SETTLEMENT CHEQUE LESS YOUR POLICY EXCESS (REFER TO YOUR POLICY SCHEDULE) AND VAT IF YOU ARE REGISTERED FOR SAME.C
- YOU MUST PAY THE RELEVANT EXCESS DIRECT TO THE REPAIRER WHEN YOU COLLECT THE INSURED VEHICLE

- IF YOU ARE REGISTERED FOR VAT YOU MUST PAY THE VAT DIRECT TO THE REPAIRER WHEN YOU COLLECT THE INSURED VEHICLE.
- IN THE CASE YOUR CAR IS WRITTEN OFF OR BEYOND ECONOMICAL REPAIR, OUR MOTOR ASSESSOR WILL PUT A VALUE ON THE VEHICLE BASED ON ITS CONDITION BEFORE THE ACCIDENT (PRE-ACCIDENT VALUE). THIS VALUE WILL BE OFFERED TO YOU IN SETTLEMENT LESS YOUR POLICY EXCESS (REFER TO YOUR POLICY SCHEDULE), SALVAGE AND VAT IF YOU ARE REGISTERED FOR SAME.
- WE WILL REQUIRE THE ORIGINAL VEHICLE REGISTRATION CERTIFICATE, CLAIM FORM, AND COPY OF YOUR LICENCE BEFORE WE CAN ISSUE YOUR SETTLEMENT CHEQUE.
- WE WILL OFFER TO DISPOSE OF THE SALVAGE OF YOUR VEHICLE IF YOU DO NOT WISH TO RETAIN SAME.
- WHERE YOUR VEHICLE IS STOLEN AND NOT FOUND, WE WILL SEND A MOTOR THEFT CLAIM FORM FOR COMPLETION AND WILL SETTLE YOUR CLAIM BASED ON THE PRE-THEFT VALUE WHICH OUR MOTOR ASSESSOR WILL PLACE ON YOUR VEHICLE. AGAIN WE WILL REQUIRE THE ORIGINAL VRC, CLAIM FORM AND FRONT AND BACK OF YOUR DRIVER LICENCE BEFORE WE CAN ISSUE YOUR CHEQUE. IN THE CASE OF THEFT, 28 DAYS MUST PASS FROM THE DATE OF THEFT BEFORE SETTLEMENT CAN ISSUE.

TERMS AND CONDITIONS MAY BE APPLIED TO YOUR POLICY AND THESE WILL BE FULLY EXPLAINED BY YOUR INSURANCE ADVISOR.

YOUR NO CLAIMS BONUS MAY BE AFFECTED AS A RESULT OF MAKING A CLAIM ON YOUR POLICY.

PLEASE NOTE THAT WE WILL RETAIN A RECORD OF THIS CLAIM AND MAY SHARE CERTAIN INFORMATION WITH OTHER INSURERS AND INTERESTED PARTIES, WHERE NECESSARY AND APPROPRIATE. HOWEVER, ALL DATA IS RETAINED AND USED IN ACCORDANCE WITH IRISH DATA PROTECTION LAW.