



Please return this form to your broker or to:

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

WRIGHTWAY THEFT / FIRE CLAIM FORM

			Fax.	053 9143999		
INSURED						
Full name			Policy No	Policy No		
Private address			Date of expiry of policy			
			Broker	Broker		
			Email Address			
Business address			The transformer of a second			
Profession or Business			Comp 🗌	TPFT 🗌	ТР 🗌	
Tel. No. (Private) (Business)			Are you VAT registered? Yes 🗌 No 🗌			
VEHICLE (show GT, E, S, etc.)						
Make Model	Type of body (Sports, saloon etc.)	Cubic Capacity	Date of first registration	Estimated present value	Registration No.	
Colour of body Interior colour and condition of upholstery				Mileage at time of loss		
Marks or blemishes and other special features to help establish identity						
Name and address of person or company from whom purchased						
Date of purchase Price paid Is vehicle a left hand drive? Yes D No [
Is the vehicle usually kept in a locked garage? Yes D No D						
Has the vehicle been altered/modified in any way? Yes DND If yes give details						
Details of any recent major overhaul or repairs (supply invoices to support)						
Details of any damage prior to theft						
Date of expiry of Road Tax How many vehicles do you own? How many were in use at the time of theft?						
Is the vehicle your property? Yes No If not, state Owner Owner's insurance						
HIRE PURCHASE/LEASE/BANK LOAN (please tick which applies)						
Are there any Hire Purchase/Lease Agreements or Bank Loans outstanding on this vehicle? Yes No No And give full details.						
Company name A			Approx. amour	Approx. amount outstanding		
PERSON IN CHARGE PRIOR TO THEFT/FIRE						
Name and address						
	Tel No.					
Occupation	Employers name Date of birth					
Type of driving licence (Irish/Intl)	Full or provisional		Date issued	Date passed test		
Give details of ALL previous accidents or thefts						
Is he/she in your employ? Yes 🗌 No 🔲 If so, in what capacity and for how long?						
Was vehicle being used in connection with the occupation of Policyholder of driver?						
Was vehicle being driven with your permission? Yes 🗌 No 🗌 Nature of goods carried (if any)						
If Insured's Relative or Friend was driving, does he/she own a car him/herself? Yes 🗌 No 🔲						
With whom is he/she insured?	n is he/she insured?		Policy No.			

PARTICULARS OF THEFT/FIRE						
STATE PRECISE USE OF VEHICLE PRIOR TO THEFT/FIRE						
(The word PRIVATE is not sufficient.) Journey from						
to						
Give exact location from where theft/fire occurred						
Date of vehicle theft/fire Time left am/pm Date theft/fire discovered Time am/pm						
Who discovered the theft/fire? Was vehicle itself stolen? Yes D No D						
Has the vehicle recently been offered for sale? Yes No						
How many sets of keys are there? Where were they at the time of the theft/fire?						
Was ignition key removed? Yes No Were all windows locked and in working order? Yes No						
When was vehicle last used? Were all vehicle doors locked? Yes 🗌 No 🗌						
Was any type of immobilising device fitted to the vehicle? Yes 🗌 No 🗌 If so, please give details						
GARDA DETAILS						
Date the Theft/Fire reported to the Garda Time am/pm Garda ref						
Name and address of Garda Station						
Has any person been apprehended for theft/fire? Yes \square No \square If YES are they to be prosecuted? Yes \square No \square						
Address of Court Date and time of hearing						
Was the vehicle in any type of incident following the theft? If so, give details of damage and/or personal injury						
INSURERS MAINTAIN A MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER AND EXCHANGE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS.						
DESCRIPTION OF LOSS PLEASE GIVE A SHORT DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS						
Details of any other insurer of stolen items i.e. All Risks or Household Policies						
DAMAGE TO OWN VEHICLE (IF THE VEHICLE HAS BEEN FOUND DAMAGED)						
Full particulars of damage						
Name and address of Repairers Repairer's telephone no						
Is the vehicle at present with the Repairer? Repairer's detailed estimate should be forwarded without delay						
Indicate Area(s) of impact with XXX						
F NOTE: If the vehicle is considered damaged beyond						
A O O Our engineer may move it for free and safe storage						
Date recovered Time am/pm Where found By whom found						
How was entry made into the vehicle?						
I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED						
I CONFIRM THAT THE FOREGOING PARTICULARS AND STATEMENTS TO BE TRUE AND CONFIRM THAT UNDERWRITERS MAY SETTLE THIS CLAIM AS THEY DEEM NECESSARY						
Date SIGNATURE OF INSURED						
IF VEHICLE HAS NOT BEEN RECOVERED THE FOLLOWING MUST BE SENT WITH THIS FORM – FAILURE TO DO SO MAY DELAY CONSIDEARTION OF YOUR CLAIM.						
1 Vehicle Registration Book 5 Last Servicing Receipt						
2Certificate of Insurance6Purchase Receipt for Vehicle and items missing3NCT Certificate7Any documents to establish value and condition of Vehicle						
4 All keys for vehicle 8 Driving Licence						
HAVE YOU ANSWERED ALL QUESTIONS FULLY?						

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 <u>www.lloyds.com/brussels</u> and WUL's privacy policy which is available at <u>www.wrightway.ie/regulations</u>.

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.
- 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.