



KennCo Underwriting Ltd. is regulated by the Central Bank of Ireland.

Motor Trade Claim Form

Claims Line 01-4994600 Fax: 014954527

E-mail: kennco@axa.ie

Website: www.kennco.ie

IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure the following:

- That all questions are fully answered
- That all required documents are forwarded to us with the form
- That you return the completed form and any other documentation to KennCo Claims, Axa Insurance Ltd., Wolfe Tone House, Wolfe Tone Street, Dublin 1

Documents Checklist:

- This Claim Form including the SIGNED DECLARATION on page 13
- Stamped Garda Certification (page 14) for any FIRE, THEFT or MALICIOUS DAMAGE claim
- Repair estimates, if claiming for own damage
- Vehicle Registration Certificate
- Purchase receipt for vehicle (if you own the vehicle but it is not registered to you)

COMPLETING THE FORM:

If you have been involved in:

- **A Road Accident:**
↳ Complete all sections of the form except Section G.

If you have been involved in any of the following:

- Fire
- Theft
- Malicious Damage
↳ Complete all sections of the form except Section C & Sections D(1) & D(2).

IMPORTANT NOTE:

Any third party correspondence or proceedings received must be forwarded to us immediately.

A. INSURED DETAILS:

1. Policy Holder's Name: _____

2. Policy Number: _____

3. Telephone Number(s): 1 _____

2 _____

4. E-mail Address: _____

5. Home Address: _____

6. Risk Address: _____

7. Main Occupation: _____

8. Secondary Occupation: _____

(if applicable)

9. Do you have any other source of income that has not been mentioned above?

Yes No

If "Yes", please provide details: _____

10. Are you VAT registered? Yes No

If "Yes", please provide your registered VAT Number: _____

B. DRIVER DETAILS or last person in charge of vehicle (this section relates to FIRE & THEFT claims also):

1. Full Name: _____

2. Telephone Number(s): 1 _____

2 _____

3. E-mail Address: _____

4. Home Address: _____

5. Main Occupation: _____

6. Secondary Occupation: _____

(if applicable) _____

7. What is the driver's relationship to the policyholder? _____

(e.g. son, wife, employee, customer, etc.)

8. Driving Licence: Full Prov

9. Country Driving Licence was obtained in: _____

10. Expiry Date of Licence: _____

11. Other Licences Held: HGV PSV Other Not Applicable

If "Other", please provide details: _____

| 12. Has this driver: | Yes | No |
|---|-----|----|
| (i) ever been convicted of any motoring conviction or been warned verbally/in writing of any possible pending prosecution? | | |
| (ii) ever been disqualified from driving or had a driving licence suspended or revoked? | | |
| (iii) ever had a motor insurance policy cancelled or refused or had special terms imposed? | | |
| (iv) had an ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame? | | |
| (v) ever been convicted of a CRIMINAL non-motoring offence or been warned verbally or in writing of any possible prosecution? | | |
| (vi) any more than FOUR penalty points on his/her licence? | | |

If you have answered "Yes" to any of the above questions, please provide full details here:

13. Does the driver suffer from any physical or mental disabilities? Yes No

If "Yes", please provide details:

14. Is this driver insured to drive any other vehicle with any other Insurer? Yes No

If "Yes", please provide the following details:

(a) Insurer: _____
(b) Policy Number: _____
(c) Vehicle Registration: _____
(d) Policyholder's Name: _____

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

C. DETAILS OF ACCIDENT:

1. Date: _____ 2. Time: _____

3. Weather Conditions: _____

4. Road Conditions: _____

5. Accident Location (Road, Town, County): _____

| 6. | INSURED VEHICLE |
|---|-----------------|
| Speed of Vehicle Prior to Accident | |
| Distance from nearside* kerb | |
| What lights were displayed? | |
| What signals were given? (i.e. Horn/Hand/Indicator/Lights) | |

*The nearside kerb is the one closest to the passenger side of your vehicle

7. Were alcohol or drugs in any way a contributing factor to the incident? Yes No
If "Yes", please give further details:

8. Was the driver of the Insured Vehicle's view obstructed in any way? Yes No
If "Yes", please give further details:

11. Do you consider yourself (or the driver of your vehicle) to be responsible for the incident? Yes No

12. Did any party admit liability at the scene? Yes No

13. Were the Gardaí at the scene? Yes No

(a) If no, was the incident reported to the Gardaí? Yes No

(b) If the Gardaí were notified, please provide details of the reporting Guard's name and Station.

Garda Name: _____
Garda Station: _____

14. Was anybody breathalysed? Yes No

(a) If "Yes", whom? _____

(b) Result of test: Positive Negative

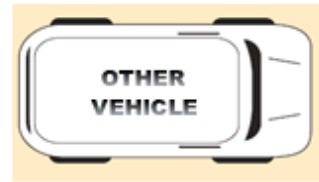
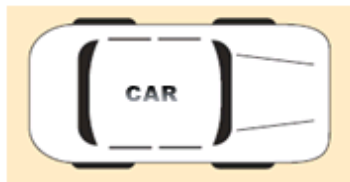
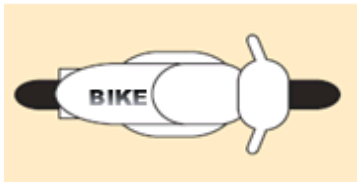
15. Are there any prosecutions pending as a result of this incident? Yes No

16. How many people were in your vehicle at the time of the incident? _____

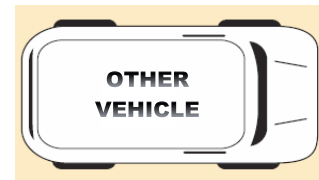
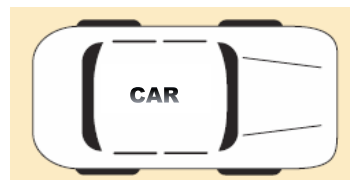
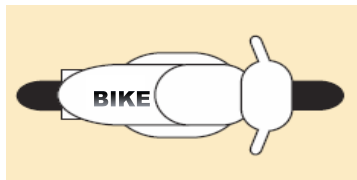
17. How many people were in the third party's vehicle at the time of the incident? _____

18. Show areas of impact to your vehicle and to any Third Party Vehicles that were involved by using exes. (i.e. xxx):

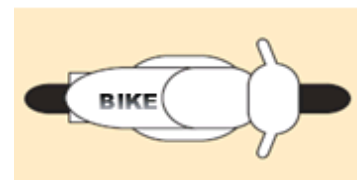
(a) Damage to your vehicle:



(b) Damage to the Third Party's Vehicle:



(c) Damage to the other Third Party's Vehicle (if there were more than two vehicles involved):



D. THIRD PARTY/WITNESS DETAILS

| 1. Details of other vehicle(s) involved: | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|------------------|------------------|------------------|
| Name of Owner | | | |
| Address | | | |
| Name of Driver | | | |
| Vehicle Registration | | | |
| Make & Model | | | |
| Extent of Damage | | | |
| Insurance Company | | | |
| Policy Number | | | |

| 2. Injured Persons (IPs): | IP1 | IP2 | IP3 |
|----------------------------------|------------|------------|------------|
| Name | | | |
| Address | | | |
| Age | | | |
| Occupation | | | |
| Injury Details | | | |
| Which vehicle were they in? | | | |
| Were they wearing a seatbelt? | | | |
| Were they hospitalised? | | | |
| Name of hospital | | | |

3. Witnesses:

| Please provide the name, address and telephone number of all passengers in your vehicle: | Please provide the name, address and telephone number of all other witnesses to the incident: |
|---|--|
| | |
| | |
| | |
| | |

E. DETAILS OF AND USAGE OF THE VEHICLE AT THE TIME OF THE INCIDENT:

1. Were you/the driver using the vehicle for:

- (i) Motor Trade Use: Yes No
- (ii) Other Business Use: Yes No
- (iii) Social, Domestic or Pleasure Use: Yes No

2. Please state in detail, the purpose of your journey (including where you were going):

3. Vehicle Registration Number: _____

4. Vehicle Make/Model: _____

5. Colour: _____ 9. Value: _____

6. Year: _____ 10. Engine Size (cc): _____

7. Value: _____ 11. Date of Purchase: _____

8. Price Paid: _____ 12. Mileage: _____

13. Who is the owner of the vehicle? _____

(a) If you are not the owner, what is their relationship to you? (e.g. wife, father, customer, friend, etc.): _____

14. Whom is the vehicle registered to? _____

15. Was the vehicle being driven using trade plates? Yes No

16. Does the vehicle in question have a valid NCT certificate? Yes No

17. Does it have up to date Road Tax? Yes No

18. Does the vehicle hold a Certificate of Road Worthiness? Yes No
(For Commercial Vehicles Only)

19. Contact Number of the person who owns the vehicle: _____

If you do not own the vehicle, please confirm the following:

20. When did it come into your possession? _____

21. For what purpose was the vehicle in your possession? _____

22. When were you due to return it to its owner? _____

23. Up to the time of the incident, what work (if any) had been carried out on the vehicle?

If the vehicle is owned by policyholder but not yet registered (i.e. a stock vehicle), please answer the following questions:

24. Who paid for the vehicle? _____

25. Name of person/company you purchased the vehicle from: _____

26. If the Vehicle Registration Certificate is not in the name of the vendor, please state why:

F. DAMAGE TO YOUR VEHICLE:

1. Estimated cost of repair: _____

2. Describe damage done to vehicle: _____

3. Address where vehicle can be inspected: _____

4. Was there any pre-existing damage to the vehicle? Yes No

If "Yes", please provide full details of this damage:

G. FIRE, THEFT, MALICIOUS/ACCIDENTAL DAMAGE:

1. Address at which loss occurred: _____

2. Do you own/lease this premises? Yes No

If not, who owns/occupies this premises? _____

3. Date of loss: _____ 4. Time (am/pm?): _____

| | | | | | |
|-----------------------------------|-------------------------|-----|--------------------------|----|--------------------------|
| 4. What type of property is this? | Private Residence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Business/Trade Premises | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Public Place | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5. (a) Was the vehicle at the above premises, or some distance away from the premises?

On Premises Away from Premises

(b) If away from the premises, how many kilometres was it away? _____

6. For what purpose was the vehicle parked there?

7. How long was the vehicle parked at this location? _____

8. When did you intend collecting the vehicle/driving it again? _____

9. Do you usually park this vehicle or other vehicles here? Yes No

If Yes, what was the total value of vehicles parked at this location? _____

10. When did you discover the loss? _____

11. Name of Garda Station you reported it to: _____

12. Address of Garda Station:

13. Name of Guard: _____

14. Date and time notified: _____

15. If this is a theft or malicious damage claim, do you have any suspicions as to who is responsible?

If "Yes", have you mentioned this to the Gardaí? Yes No

16. Please state the circumstances of the theft, malicious damage or fire:

17. Please state the name/address of any other person who has knowledge of this incident:

(a) Name _____

(b) Address _____

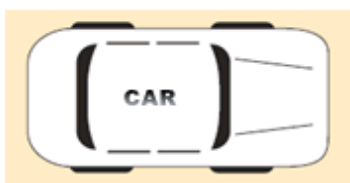
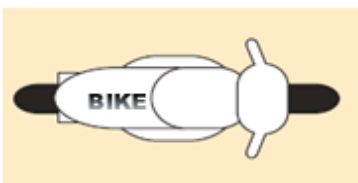
(c) Phone Number: _____

18. Was there any pre-existing damage to the vehicle? Yes No

If Yes, please provide full details of this damage:

For malicious damage claims:

19. Damage to your vehicle (show areas of damage with exes, i.e. xxx):



20. Has the vehicle been removed from where the incident occurred? Yes No

For theft claims:

21. Were all doors/windows locked and in full working order? Yes No
22. Were the keys left in the vehicle? Yes No
23. What precautions (if any) were taken to prevent the theft of this vehicle?

24. Was the vehicle fitted with an immobiliser? Yes No
- (a) If "Yes", was it engaged? Yes No
25. Was the vehicle fitted with an alarm? Yes No
- (a) If "Yes", was it engaged? Yes No

26. If the vehicle remains missing after 28 days, please forward the following:

- (i) Vehicle Registration Certificate or Tax Book
- (ii) Certificate of Insurance
- (iii) Vehicle Keys (including spare sets)
- (iv) Vehicle alarm control and/or immobiliser keys (including spare sets)
- (v) Full service history (if available)
- (vi) Purchase receipts of the vehicle
- (vii) Any other documentation that will help establish the value and condition of the vehicle

Settlement of Total Loss Claims (Fire, Theft and Accidental Damage):

We may appoint an independent assessor to investigate the loss and to impartially assess the value of the vehicle. When settlement has been agreed we shall pay the amount(s) due less any salvage policy excess, premiums outstanding or finance on the vehicle by cheque.

H. DECLARATION:

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me/us in respect of this claim. I/We have not withheld any information within my/our knowledge connected with the loss and I/we agree to provide the Insurers with any further information or documentation as may be required. If my/our vehicle is a total loss I/we agree that the company have my/our permission to remove the vehicle to safe and free storage pending the completion of their investigations and any settlement of this claim. I/We understand that any attempt to make a fraudulent claim will result in prosecution.

Signature of Driver or last person in charge of the vehicle:

Date:

Signature of Policyholder:

Date:

Witnessed by:

Print Name:

Sign Name:

Occupation of witness:

Address of witness:

KennCo Underwriting Ltd. is classified as a "Data Controller" under Irish Data Protection Legislation. By supplying your personal information to KennCo or personal information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing of this personal information as stated in the Privacy Statement which is available at <http://www.kennco.ie/privacy-statement>.

CHECKLIST

Stamped Garda Certification (page 14) for any FIRE, THEFT or MALICIOUS DAMAGE claim

Repair estimates, if claiming for own damage

Vehicle Registration Certificate

Purchase receipt for vehicle (if you own the vehicle but it is not registered to you)

In the event of a FIRE, THEFT, or MALICIOUS DAMAGE claim, the following section must be completed, stamped and signed by An Garda Síochana, and returned to us within 48 hours of notifying them.

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

This is the certify that *(person's name)*

of

(address)

reported the theft/loss of vehicle: *(make, model)*

(registration)

to this station, on / / *(dd/mm/yy).*


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

Signature of Garda:

Date: / / *(dd/mm/yy).*

Garda Station Address:

Pulse System Number:

Please stamp this form: 

Stamp of Garda Station