

Motor Accident Report Form (NI)

Dear Policyholder,

We have received your Notification. Please complete this form fully and return it to the Company as soon as possible.
Please note that the issue of this form is not an admission of liability on the part of the Company.

Insured

Name:

Policy No.

Address:

Postcode:

Business or Occupation (incl. part-time occupations)

Are you registered for VAT? Yes No

Phone No. Home: Work:

Email:

Vehicle

Make: Model: Cubic Capacity:

Year of Manufacture: Registration Number:

Describe fully the purpose for which the vehicle was being used at the time of the accident:

Nature of goods being carried, if any:

Was a trailer attached? Yes No

If goods-carrying vehicle state class of licence:

Driver

Name of Driver:

Date of Birth:

Address:

Postcode:

Business or Occupation (incl. part-time occupations):

Phone No. Home: Work:

Was the Driver Injured? Yes No

If 'YES' What is the Nature of His/Her Injuries:

Type of Licence Held: Full Provisional

Class of Licence: Date Test Passed:

Has he/she ever been convicted of a motoring offence? Yes No

If 'Yes' what is the nature and date(s) of offence(s):

Does he/she own a motor vehicle? Yes No

If 'Yes' state the name of the insurers: Policy No.

Has he/she been involved in an accident within the past five years? Yes No

If 'Yes' please give details:

Insured Vehicle

Give full particulars of damage to your vehicle:

Have you obtained an estimate for the repairs? Yes No

If 'YES' what is the amount? £ _____

Name of proposed repairers: _____ Telephone No: _____

Address: _____

When and where can the vehicle be inspected:

Third Party Property

Name of Third Party(ies): _____

Address(es): _____

Reg. No. of vehicle (if applicable): _____ Name of Insurers: _____

Policy No: _____

Details of damage to Third Party Vehicle(s): _____

Details of damage to Third Party Property (other than Vehicle(s): _____

Third Party Personal Injury

Name(s) and Address(es) of all Person(s) sustaining injury.

If passenger in YOUR vehicle please put ✓ in 'P' box.

If any of the insured persons are in your employment please put ✓ in the 'E' box.

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

P E

Name: _____

Address: _____

Nature of Injuries: _____

Has any claim being made against you? Yes No

If 'Yes', please give details: _____

Witnesses

Did the Police take particulars? Yes No

If 'YES', give the name of the officer dealing with the case and the address of the Station:

Have the Police issued a 'Notice of Intention to Prosecute'?

Yes No

1.Name of Witness:

Address:

_____ P

2.Name of Witness:

Address:

_____ P

3.Name of Witness:

Address:

_____ P

4.Name of Witness:

Address:

_____ P

If any of the above Witnesses were passengers in your vehicle please put ✓ in 'P' box.

Circumstances of Accident

Date of Accident: _____ / _____ / _____ Time of Accident: _____

Precise location of accident: _____

Is there a white line along the centre of the road?

Yes No

Is it 'Broken'

or 'Unbroken'

Describe weather and road conditions: _____

What was speed of your vehicle (i) Prior to accident _____ Miles Per Hour

(ii) At the time of impact _____ Miles Per Hour

Was your vehicle on its correct side of the road at time of impact?

Yes No

If the accident occurred during the hours of darkness please state what lights were:

(A) on your vehicle side lights dipped headlights full main beam fog lights

(B) on the other vehicle(s) involved side lights dipped headlights full main beam fog lights

(C) on public road street lighting other

If other please give details:

Who in your opinion was responsible for the accident?

Describe fully how the accident occurred:

Sketch of Accident

Please draw a rough sketch (with appropriate measurements) showing the position of the vehicles and persons and the direction in which they were moving.



I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make any admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured: _____

Date: / /

Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4. Our branch trading address is Allianz plc, 3 Cromac Quay, The Gasworks, Ormeau Road, Belfast, BT7 2JD. Email: info@allianz-ni.co.uk. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz House, Elmpark, Merrion Road, Dublin 4.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data for *the performance of the contract or to take steps prior to entering into the contract of insurance*.

The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Motor Insurers’ Bureau (MIB) to assist in preventing or detecting theft and fraud,
 - the Motor Insurance Anti Fraud & Theft Register (MIAFTR) run by MIB and the Insurance Fraud Bureau, to prevent and detect fraud,
 - the Claims and Underwriting Exchange Register (CUE) run by MIB to combat fraud,
 - private investigators when we need to further investigate certain claims,
 - the Employers Liability Trading Office (ELTO), to help claimants identify the insurer to investigate their claim and to pursue compensation,
 - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
 - other fraud prevention and ID verification databases available in the insurance industry, including credit referencing check databases, to detect or prevent possible criminal activity or fraud,
 - the Police Service of Northern Ireland (PSNI) and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
 - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
 - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
 - if you have a motor policy, your details will be added to the Motor Insurance Database (MID), managed by the Motor Insurers’ Bureau (“MIB”). MID data may be used by the DVLA and DVANI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver’s use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers and the MIB may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more from us, or at www.mib.org.uk.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

Your rights in relation to your personal information

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

Automated decision making

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

Up to date information

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Direct Marketing

If your chosen preference is to receive marketing, we may contact you by email, SMS, phone or post with helpful information on products, services, special offers and competitions. If you no longer wish your information to be used for marketing purposes please write to us at Allianz plc, 3 Cromac Quay, The Gasworks, Ormeau Road, Belfast, BT7 2JD, or e-mail us at info@allianz-ni.co.uk.

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The Gasworks
Ormeau Road
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Fax: (028) 9043 4222
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Web Site: www.allianzni.co.uk

Authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Calls may be recorded or monitored for regulatory, training and quality purposes.