FIRST NOTIFICATION OF LOSS *(BROKER USE ONLY)*

PATRONA UNDERWRITING

Policy Number:		Broker Ref:		Notified By:	
Person Reporting Incident					
Name:		Connection *(Insured, Third Party, TP Insurer, Solicitor):*			
Insured Details					
Insured:		Insured Driver:			
Insured Phone No.:		Driver Phone No.:			
Vehicle Driven:		Driver's own Insurance?		Yes ☐ No ☐	
Is Vehicle Driveable?	Yes ☐ No ☐, *give details*		Advised No Storage Covered:	Yes ☐ No ☐	
Vehicle Location:			Contact Phone No:		
Passengers in Insured's Vehicle (if applicable)					
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Incident Details					
Date & Time of Loss:		Incident Type:	Fire ☐ Theft ☐ Road Traffic Accident ☐		
Location:					
Gardaí?	No ☐ Yes ☐, *give details*				
Emergency Services?	No ☐ Yes ☐, *give details*				
Mention of Injuries?	No ☐ Yes ☐, *give details*				
Witness?	No ☐ Yes ☐, *give details*				
Incident Description					
Third Party Details (if applicable)					
Driver's Name:		Driver Phone:			
Address:					
Vehicle Driven:		Is Vehicle Driveable?	Yes ☐ No ☐, *give details*		
Vehicle Location:			Contact Phone No:		
Third Party Insurer:			Policy Number:		
Passengers in Third Party Vehicle (if applicable)					
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Passenger Name:		Passenger Phone:			
Additional Information					
Is liability clear?	Yes ☐ No ☐	Accident Report form issued to Insured?	Yes ☐ No ☐		
If Insured is liable, do they accept / understand why?	Yes ☐ No ☐	If Third Party is liable, is Insured claiming from their Comprehensive policy or the Third Party Insurer?	Yes ☐ No ☐		
Any additional information mentioned in the call?					