

# Material Damage Claim Form

Important Note: Galway Council will only investigate claims where this form has been fully completed and where the correct supporting documentation is enclosed. **PLEASE USE BLOCK CAPITALS.**

## 1. Claimant Details

Full Name and Address	<input type="text"/>	Telephone Number:	<input type="text"/>
		Email Address: (Optional)	<input type="text"/>

## 2. Accident Details

Exact Location of Accident:	<input type="text"/>		
Date of Accident:	<input type="text"/>	Time of Accident:	<input type="text"/>
Description of Accident:	<input type="text"/>		

Was Accident reported to County Council? **Tick Yes / No**

If yes please provide full name of the official Involved and the Date Notified:

Was Accident reported to the Gardai? **Tick Yes / No**

If yes please provide full name of the Garda and the Garda Station involved:

Were there any witness(es)? **Tick Yes / No**

If yes please provide full name, Address and telephone number of witness(es)

## 3. Where Accident relates to a Motor Vehicle:

Make and Model of Vehicle:	<input type="text"/>		
Vehicle Registration:	<input type="text"/>		
Insurance Company Details:	<input type="text"/>	Motor Tax Expiry Date:	<input type="text"/>
		Date of NCT:	<input type="text"/>

Extent of damage:

Details of repairer:

Details of where vehicle may  
Be inspected by an independent  
Motor Assessor

If vehicle has been repaired, details  
of where the damaged parts may be  
inspected by an independent Motor  
Assessor:

### **Supporting Documentation:**

Please attach, where appropriate the following documentation with this form

- Photographs of the accident location. (If photograph isn't dated, please state the date on which the photographs were taken)
- Estimate/ invoice to support the claim for repairs that you are making.
- Any other information which you deem relevant to your claim.

### **4. Declaration**

I declare that the information given in this form is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to;

**Galway County Council,  
Claims Section,  
Roads & Transportation Unit,  
Prospect Hill,  
Galway.**