



Property Damage (Non-Motor) Claim Notification Form

(Please send completed form to stateclaims@ntma.ie)

No.	Question	Detail
1.	Date of Incident	<i>DD/MM/YY</i>
2.	Name of Property Owner	<i>Please provide full name.</i>
3.	Telephone Number/ Email Address	<i>Please provide your telephone number and/or your email address.</i>
4.	Please advise the address of the property	<i>Please provide the address of the property damaged.</i>
5.	Brief Incident Circumstances	<i>Please provide a brief summary of the incident. Sketch may be included overleaf.</i>
Which State Party was involved?		
6.	If Garda involved, please advise their station.	<i>Please provide the Garda Station location.</i>
7.	If Military involved, please advise their barracks.	<i>Please provide the Military Barracks location.</i>
8.	If HSE/Ambulance involved, please advise their location.	<i>Please provide the HSE/ambulance base location.</i>
9.	If Irish Prison Services, please advise their location.	<i>Please provide the IPS location.</i>
10.	Other State Party	<i>If other state Party involved, please provide their details.</i>
Damage		



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11.	Estimate of Damage to your property, if known.	<i>Please provide an estimate of the damage to your property.</i>