

IMPORTANT NOTICE REGARDING CLAIMS PAYMENTS

If your claim is successful you will receive a payment by BACS transfer. Please complete the below to sped up the payment process.

You may wish to submit this page separately to your Insurance Broker. If so, please ensure you provide your policy number and/ or claim reference number. Thank you.

| Name of Bank |
|---|
| Branch |
| Sort Code |
| Account Number |
| Account Name |
| Payment Reference |
| If the account details provided above are for someone other than the named policyholder, please provide a comment in the box below, and authorisation: |
| |
| By providing your details below, you confirm that all parties of the insured entity agree that payment may be released to this account rather than to the account of the policyholder: |
| Policyholder name |
| Policyholder signature |
| Date |
| Once the appropriate claim payment/s have been processed and the above details are no longer required, they will be removed from the claim file and destroyed in accordance with our data retention policy. |
| BIBU, The Hamlet, Hornbeam Park, Harrogate, HG2 8RE T: 0344 346 0251 Email: claims@bibinsurance.co.uk |

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V_07.20 Classified Public