This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

Insurance Broker Details				
Name & Address				
Postcode		Tel no.		
Contact name		Email		
Policyholder Details				
Policy No.	Policyholder Name			
Date of Birth	Occupation(s)			
Address				
Postcode	Tel no.	Mobile		
Vehicle / Trailer Details				
Vehicle / Trailer Make		Model		
Registration No. / Chassis No.		Year of manufacture		
Value (£)		Mileage of the vehicle/ Hours worked		
Name of Registered Keeper displayed on the V5 Documents				
Name of any finance or Leasing Co.				
If claiming in respect of damage to a Trailer/Attachment please advise whether at the time of the incident the item was attached or detached and out of use. Attached Detached				Detached
If attached, please confirm the registration of the vehicle it was attached to.				
Date vehicle was purchased		Most recent service date		
Approximate age of tyres at the time of	of theft			
Details of any factory fitted or after market enhancements				

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Details of Circumstances

Name of person in charge of vehicle at the time of theft Address

Date UK driving test passed

Categories entitled to drive

Tel no.

Mobile no.

Date of birth

Details of accidents in the last 3 years

Is this the usual residence for this vehicle? Yes No

If 'NO' please provide the usual address

Is this driver the main user of the vehicle? Yes No Details of all motoring convictions Was vehicle being used with insured's permission? Yes No Was the driver an employee of the insured? Yes No

What is the primary use for this vehicle?

Theft Details

Date of theft	Time of theft			
Exact location of theft				
Is this the usual residence for this vehicle?	Yes	No		
If 'NO' please provide the usual address				
Was the vehicle in a locked building?	Yes	No		
Was the vehicle locked?	Yes	No		
Was the vehicle fitted with an alarm/immobiliser?	Yes	No		
If 'Yes', was this activated at the time of theft?	Yes	No		
If an ATV, how was it secured?				
When was the vehicle last seen and checked?			AM	PM

Where were the keys for the vehicle at the time of the theft?

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When were the police notified?

Crime Reference No.

Please give details of the police station and name of attending officer

If your vehicle should be recovered once we have been notified of this theft, please advise us immediately. (If your vehicle has already been recovered, please complete questions on the following page.)

Recovered Vehicle Damage	e Details				
Description of damage					
Is the vehicle drivable? Y	/es	No			
Is a claim being made for the loss	of any persor	nal effects as a result	of the theft?	Yes	No
Item description			Date of purchase	Purchase p	rice
Please support these statements	with an estin	nate for repair			

State the date the vehicle was recovered				
By whom was the vehicle recovered?				
Location of the vehicle now?				
Is the vehicle incurring storage charges?	Yes	No		
Please Complete this Section if the Claim is for Audio Equipment Only				
Was this fitted as standard to the vehicle?	Yes	No		

Make	Model	Serial no.

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Value Added Tax (Legal/Professional Representation)

Are you VAT registered?	Yes		No
Can you recover 100% VAT for this claim?	Yes		No
If not, what percentage can you recover?		%	

Please read these notes carefully and complete the questions as appropriate

- a. It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, onyour behalf. Where we consider such services necessary we will pay the cost. The services provided attractValue Added Tax.
- b. These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- c. If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, tosend their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d. We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, BIBU (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that I/We confirm our informed consent to the claim being handled on this basis.
I/We understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing.

Signed

Date

If you are not the insured person, please state your relationship to them