



Agricultural Wages Board  
Claim Form

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

Insurance Broker Details			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

### Employer Details

Policy No.  Policyholders Name

Address

Postcode  Tel. No.  Mobile

Employee details		
Name of employee		
Address		
Date of Birth		
Was the Employee under your direct employment?	Yes	No
Is the employee a Partner in the Insured Business?		
In conjunction with what trade or business did you employ the employee in question?		
Date employment commenced		
Agricultural Wages Board Craft Grade		
Number of days employee is contracted to work		
Number of hours contracted to work per week excluding overtime		
Number of hours of any additional guaranteed overtime per week		
Where guaranteed overtime is to be considered, please support this document with a copy of the employee's contract or wage slips for the 13 weeks period immediately prior to the onset of the injury/illness		

Absence details			
Date ceased work		Date resumed work	
Cause of absence			
If an accident, how did this occur?			
What activity was being undertaken immediately prior to the accident (if relevant)?			
If injured was the accident during normal working hours?	Yes	No	
If 'no' confirm whether the employee was travelling to or from work?	Yes	No	
Has the employee been absent from work as a result of the same injury/ sickness in the past 12 months?	Yes	No	
If 'yes' please give full details			
Please state amount of Statutory Sick Pay (SSP) being reclaimed per week			£
If unable to reclaim SSP, please state why			

**PLEASE PROVIDE CONTINUOUS SICK NOTES COVERING THE EMPLOYEE'S PERIOD OF ABSENCE.  
IF THE ABSENCE WAS DUE TO AN ACCIDENT PLEASE PROVIDE A COPY OF THE ACCIDENT REPORT BOOK.**

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: \_\_\_\_\_



### Important notice regarding claims payments

If your claim is successful you will receive a payment by BACS transfer. Please complete the below to speed 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:

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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.

**BIB, 2<sup>nd</sup> Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD.**  
T: 0344 346 0251 Email: [claims@bibinsurance.co.uk](mailto:claims@bibinsurance.co.uk)

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