



Motor Accident Claim Form

Agricultural Commercial & Private Vehicles

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	

Policy No. Policyholders Name

Date of Birth Occupation(s)

Address

Postcode Tel. No. Mobile

ACCIDENTAL DAMAGE TO YOUR VEHICLE

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.			
If attached, please confirm the registration of the vehicle it was attached to.			
Please advise of any factory fitted extra's or vehicle enhancements			

DRIVER DETAILS

Driver Name		Address			
Post Code		Tel. No.		Date of Birth	
Date UK driving test passed		Categories entitled to drive			
Details of accidents in the last 3 years					

Is this driver the main user of the vehicle?		
Details of all motoring convictions		
Was vehicle being driven with insured's permission?	YES	NO
Was the driver an employee of the insured?	YES	NO
Purpose of the journey?		

ACCIDENT DETAILS

Please provide a full description/details of the damage to your vehicle		
Is the vehicle drivable?	YES	NO
Is this an ingestion claim? (Agricultural Vehicles/Attachments only)	YES	NO
If yes, were protection devices (e.g. slip clutch, shear bolt) in operation?	YES	NO
Repairer name and address		

Email		Tel. no.	
Where is the vehicle at present?			
Is the vehicle incurring storage charges	YES	NO	

If claiming for the damage sustained to your vehicle please support this document with a copy of the repair estimate.

Please provide full details of the accident including a sketch plan indication direction of travel, position of vehicles, width of road, road signs or warnings (use a spare sheet of paper if necessary)					
Date		Time		Location	
Please state: Weather conditions		Speed limit		Speed of vehicle at the time of the accident	
If an agricultural vehicle, was it being used for contracting purposes?	YES	NO	What was the nature of the trip?		
Did the police attend?	YES	NO	Accident No.		
Police Station address and attending officer details					

THIRD PARTY MOTOR CLAIM - Details of other persons involved

Please forward all third-party correspondence you may receive to us promptly and unanswered

Name of Third Party		Tel. No.		Mobile No.	
Address				Postcode	
Insurers name		Address			
Policy number		Cover details			
Vehicle make		Model		Registration no.	
Are you aware of the third party requiring a courtesy car/vehicle				YES	NO

Description of damage to the third party vehicle (Please continue on a separate sheet if necessary)

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Witness Details

Witness 1	Name and Address Email	
Witness 2	Name and Address Email	

Who do you consider to be at fault for this incident & why?

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Details of injured persons

Please give name		Age	
Address		Gender	Male Female
Vehicle Registration (or details of vehicle, if not known)			

Details of injury (Please continue on a separate sheet if necessary)

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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, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value 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, to send 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 _____



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, 2nd Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD.
T: 0344 346 0251 Email: claims@bibinsurance.co.uk

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