



# 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.	<input type="text"/>	Policyholders Name	<input type="text"/>
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

#### ACCIDENTAL DAMAGE TO YOUR VEHICLE

Vehicle /Trailer Make	<input type="text"/>	Model	<input type="text"/>
Registration No. / Chassis No.	<input type="text"/>	Year of manufacture	<input type="text"/>
Value	£ <input type="text"/>	Mileage of the vehicle/ Hours worked	<input type="text"/>
Name of Registered Keeper displayed on the V5 Documents	<input type="text"/>	Name of any finance or Leasing Co.	<input type="text"/>
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.			<input type="text"/>
If attached, please confirm the registration of the vehicle it was attached to.			<input type="text"/>
Please advise of any factory fitted extra's or vehicle enhancements	<input type="text"/>		

## 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

BIBU | 2<sup>nd</sup> Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD | [www.bibu.co.uk](http://www.bibu.co.uk)

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**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 \_\_\_\_\_