



Public Liability
Claim Form

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

Third Party Details			
Name of Third Party			Tel. No.
Address			
Email		Occupation	

Details of accident / loss	
Date and time of loss or damage	
Where did it occur? (address and nature of premises)	
What do you believe caused this incident and who do you believe is the responsible party?	

Please give a full description of the accident/incident (Continue on a separate sheet, if necessary)

Injury/Damage

What is the nature of the injury or damage?

Please attach any documents submitted in support of the damaged item/replacement value.

Please provide any independent witness details

Name		Name	
Address		Address	
Tel. No.		Tel. No.	
Email		Email	

Please do not respond to allegations or correspondence in connection with this incident. Forward details of the same to us immediately and unanswered.

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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