



# Motor Theft 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

#### 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.			
If attached, please confirm the registration of the vehicle it was attached to.			
Date vehicle was purchased	DD/MM/YYYY	Most recent service date	DD/MM/YYYY
Approximate age of tyres at the time of theft			
Details of any factory fitted or after market enhancements			

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## PERSON IN CHARGE DETAILS

Name of person in charge of vehicle at the time of theft		Address			
Is this the usual residence for this vehicle?	YES / NO <i>(delete as applicable)</i>	If 'NO' please provide the usual address			
Tel. No.		Mobile 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?	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?			DD/MM/YYYY	AM/PM	
Where were the keys for the vehicle at the time of the theft?					

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 DETAILS					
Description of damage					
Is the vehicle drivable?					
Is a claim being made for the loss of any personal effects as a result of the theft?		Yes		No	
Item description		Date of purchase	DD/MM/YYYY	Purchase price	£
Item description		Date of purchase	DD/MM/YYYY	Purchase price	£
Item description		Date of purchase	DD/MM/YYYY	Purchase price	£
Item description		Date of purchase	DD/MM/YYYY	Purchase price	£
Item description		Date of purchase	DD/MM/YYYY	Purchase price	£
Please support these statements with an estimate 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?	

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	

**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, 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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