



MiBi Ref.

CLAIM NOTIFICATION FORM

Please note that only receipt by MiBi of a fully completed claim notification form will constitute formal notification of a claim which should be returned to MiBi, Insurance House, 39 Molesworth Street, Dublin 2. Please use BLOCK CAPITAL letters only when completing this form.

Privacy Notice: The information you provide to us as part of your claim application will be processed by us to confirm your identity, process your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. In certain cases, this may involve the sharing of your information with other insurance providers and private investigators. Guidelines for sharing of information in this regard are contained in a Code of Practice on Data Protection for the Insurance Sector which has been approved by the Data Protection Commissioner. For full details see the Data Protection Notice on our website www.mibi.ie.

SECTION A - CLAIMANT DETAILS

1. Title: Mr/Mrs/Ms/etc.	2. Male/Female	3. Date of Birth:
4. Name:	5. Email address:	
7. Address:	6. Telephone No:	
	8. PPS/Company Number:	
	9. Occupation:	
		10. Registered for VAT: Yes/NO
11. What is the claimant's involvement in accident: Driver, Passenger, Pedestrian, Vehicle Owner, Property Owner, Cyclist, Other (please specify):		

SECTION B - CLAIMING FOR:

12. Vehicle Damage: Give details of vehicle damage sustained:

If any of the following documents are available you must supply them with this form: (a) estimate for repairs (b) engineers report (c) photographs of damaged vehicle.

Note: An excess is applicable to MiBi Vehicle Damage Claims in certain specific circumstances.

13. Property (non vehicle) Damage: Give details of property damage sustained:

If any of the following documents are available you must supply them with this form: (a) estimate for repairs (b) engineers report (c) photographs of damaged property.

Note: An excess is applicable to MIBI Property (non vehicle) Damage Claims in certain specific circumstances.

14. Personal Injury: Give brief details of the injuries sustained:

Please supply the name and address of medical attendants. If a medical report is available you must supply it with this form.

15. Uninsured Losses: Give specific details:

Please furnish all documents supporting your uninsured losses claim.

SECTION C – CLAIMANT'S VEHICLE DETAILS:

16. Registration Number:	17. Make & Model of Vehicle:	18. Country of Registration:
19. Vehicle Owner:	20. Vehicle Driver (at time of accident):	
21. Vehicle Insurer: (not broker)	22. Policy Number:	23. Cover Type: (please specify) Comprehensive Third Party Fire & Theft Third Party Only Policy Expiry Date:

SECTION D - ACCIDENT DETAILS

24. Date of accident:	25. Time of accident:	26. Describe Road Conditions:
27. County where accident occurred:	28. Town where accident occurred:	29. Exact location of accident

30. Give brief circumstances of accident:

SECTION E - INVESTIGATING GARDA DETAILS:

31. Date on which it was reported to Gardai?	32. Garda Station:	33. Name of Investigating Garda:
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34. If accident was not reported to Gardai please explain why:

35. Name & contact details for any witnesses (including email address and telephone no.): (Furnish copies of all available statements from any witnesses).

SECTION F - OFFENDING VEHICLE DETAILS:

36. Registration Number:	37. Make & Model of Vehicle:	38. Country of Registration:
39. Vehicle Owner:		40. Vehicle Driver (at time of accident):
41. Vehicle Owner Address & Telephone No.:		42. Vehicle Driver Address & Telephone No.:
43. Vehicle Insurer:	44. Policy Number:	45. Expiry Date:
46. What steps have been taken to establish if vehicle was insured:		
47. Why does the claimant believe the vehicle to be uninsured:		
48. If Foreign Registered Vehicle give Green Card No. & include photocopy if available: Green Card No.		
49. Any other vehicles involved in accident: Yes/No (If yes please supply details :)		

I confirm all the above information to be true and accurate.

Signature & Date: