



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.

SECTION A - CLAIMANT DETAILS			
1. Individual or Company	2. Male/Female	3. Date of Birth:	4. Full time residence:
5. Name:	6. Email address:		7. Telephone No:
8. Address:	9. PPS/Company Number:		10. Occupation:
			11. Registered for VAT: Yes/NO
12. What is the claimant's involvement in accident: Driver, Passenger, Pedestrian, Vehicle Owner, Property Owner, Cyclist, Other (please specify):			
SECTION B - CLAIMING FOR:			
13. Vehicle Damage: Give details of vehicle damage sustained:			
If any of the following documents are available you <u>must</u> 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.			

14. 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.

15. 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.

16. Uninsured Losses: Give specific details:

Please furnish all documents supporting your uninsured losses claim.

SECTION C – CLAIMANT'S VEHICLE DETAILS:

17. Registration Number:	18. Make & Model of Vehicle:	19. Country of Registration:
20. Vehicle Owner:	21. Vehicle Driver (at time of accident):	
22. Vehicle Insurer: (not broker)	23. Policy Number:	24. Cover Type: (please specify) Comprehensive Third Party Fire & Theft Third Party Only Policy Expiry Date:

SECTION D - ACCIDENT DETAILS

25. Date of accident:	26. Time of accident:	27. Describe Road Conditions:
28. County where accident occurred:	29. Town where accident Occurred:	30. Exact location of accident

31. Give brief circumstances of accident:

SECTION E - INVESTIGATING GARDA DETAILS:

32. Date on which it was reported to Gardai?	33. Garda Station:	34. Name of Investigating Garda: (Furnish copy of Garda Report with this form).
--	--------------------	--

35. If accident was not reported to Gardai please explain why:

36. 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:

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

For information on Terms & Conditions which apply in making a claim for compensation from MIBI please refer to the relevant MIB Agreement available from Government Publications & www.mibi.ie

Please return the fully completed form to MIBI, Insurance House, 39 Molesworth Street, Dublin 2