

MIICI Ref.

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## Motor Insurance Directive Information Centre Enquiry 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, including Insurance Link, for fraud prevention purposes. Any queries in relation to this should be referred to the Claims Manager at MIBI. 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 [Guidance on Data Protection Requirements for Insurers When Handling Personal Data](#). For full details of MIBI's Data Protection Statement please go to the [data protection link](#) on our website [www.mibi.ie](http://www.mibi.ie).

Please use **BLOCK CAPITAL** letters only when completing this form.

SECTION A - CLAIMANT DETAILS		
Name:	Email address:	
Address:	Telephone Number:	
SECTION B - ACCIDENT DETAILS		
Country (& county) where accident occurred:	Date of accident:	
SECTION C - OFFENDING VEHICLE DETAILS:		
Registration Number:	Make & Model of Vehicle:	Country of Registration:

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

Signature & Date: \_\_\_\_\_

Further information is available on [www.mibi.ie](http://www.mibi.ie)

**Please return the fully completed form to MIBI, 5 Harbour Master Place, IFSC, Dublin D01 E7E8**

15 May 2024