

Claim form



Please read our booklet *Guide to making a Motor Insurers' Bureau claim* before you fill in this form.

The booklet gives information about the MIB and how we deal with claims.

- Please complete clearly in black CAPITAL LETTERS.
- Answer all questions as fully as you can.
If you are not able to answer any of the questions because you do not have or are waiting for information, please tell us on the form.
- If you need more space for your answers, write them on a separate sheet with the question number. Post this with your claim form (or if submitting online, once you have received your claim reference).
- If you need to contact us, details can be found on the last page of this form.

Notes for solicitors and representatives

You must give your client a copy of our booklet *Guide to making a Motor Insurers' Bureau claim* when you ask them to fill in or sign this form. If you already have an MIB claim reference, please add it here.

If your client's claim is within the scope of the Pre-Action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents, it should be submitted using the Claims Portal which can be accessed via the website: www.claimsportal.org.uk

Please do not use the MIB claim form in addition to making a claim via the Claims Portal.

1 Claimant's details

For an individual

- 1.1 **Title**
 Mr Mrs Miss Ms Other
- 1.2 **Name**
 First name
 Last name
- 1.3 **Date of birth (dd/mm/yyyy)**
 / /
- 1.4 **Contact details**
 Address

 Postcode
 Daytime phone number
 Evening phone number
 Email address
 @
- 1.5 **Occupation**
 At time of accident
 Current (if different)
- 1.6 **Are you self-employed?**
 No Yes
- 1.7 **Are you VAT registered?**
 No Yes

For an organisation

- 1.8 **Organisation details**
 Name

 Address

 Postcode
 Phone number
 Email address
 @
- 1.9 **Is the organisation VAT registered?**
 No Yes

Please call us on 01908 830 001 if you have any difficulties completing this form or if you have difficulties reading the form or booklet.
We are open during normal business hours.



2 Involvement in accident

Tick the box that describes how you were involved in the accident and follow the instruction on which part of the form to fill in next.

I was driving **▶▶ Start at section 4**
About your vehicle or the vehicle you were in *page 2*

I own the vehicle but I was not driving **▶▶ Start at section 3**
About the driver of your vehicle or driver of the vehicle you were in *page 2*

I was a passenger
Were you a passenger in the vehicle you consider to be responsible?
 No **▶▶ Start at section 3**
About the driver of your vehicle or driver of the vehicle you were in *page 2*
 Yes **▶▶ Start at section 5**
About the vehicle and driver you consider to be responsible *page 3*

I was a pedestrian, cyclist or horse rider **▶▶ Start at section 5**
About the vehicle and driver you consider to be responsible *page 3*

I own property other than a vehicle, which was damaged in the accident **▶▶ Start at section 5**
About the vehicle and driver you consider to be responsible *page 3*

3 About the driver of your vehicle or driver of the vehicle you were in

3.1 **Driver's title**
 Mr Mrs Miss Ms Other

3.2 **Driver's name**
First name
Last name

3.3 **Driver's date of birth (dd/mm/yyyy)**
 / /

3.4 **Driver's contact details**
Address

Postcode
Daytime phone number
Evening phone number
Email address
@

4 About your vehicle or the vehicle you were in

4.1 **Registration number**

4.2 **Vehicle make, model and colour**
Make
Model
Colour

4.3 **Give details of where the damage is on the vehicle and the extent of the damage**

4.4 **Do you own the vehicle?**
 Yes
 No – please give the owner's details.
If the owner is an organisation, give the name of the organisation.
First name
Last name
Name of organisation
Address

Postcode
Phone number
Email address
@

5 About the vehicle and driver you consider to be responsible

Driver's personal details

Please give as much information as you can.

5.1 **Driver's title**

Mr Mrs Miss Ms Other

5.2 **Driver's name**

First name
Last name

5.3 **Driver's contact details**

Address

Postcode
Country
Phone number

Email address
@

5.4 **Where did you get these details?**

At scene of accident Police DVLA
 Other

5.5 **Sex of driver**

Male Female

5.6 **Description of driver**

5.7 **Estimated age of driver**

Vehicle details

5.8 **Vehicle registration number**

Was the vehicle a foreign-registered lorry?

No ►► continue with question 5.9
 Yes – give the front and back registration numbers.
*For more information, see 'Registration numbers on lorries' section within the booklet **Guide to making a Motor Insurers' Bureau claim.***

Front

Back

5.9 **Vehicle make, model and colour**

Make
Model
Colour

5.10 **Details of damage to this vehicle**

Vehicle owner's details

►► If the vehicle owner is the same as the person given in 5.2 on the left, skip to section 6.

5.11 **Vehicle owner's title**

Mr Mrs Miss Ms Other

5.12 **Vehicle owner's name**

If the owner is an organisation, give the name of the organisation

First name
Last name
Name of organisation

5.13 **Vehicle owner's contact details**

Address

Postcode
Phone number
Email address
@

6 Enquiries made

Please tell us about enquiries you or your representative have made about the vehicle and driver you consider responsible. Post copies of any documents and any information exchanged at the scene of the accident or obtained afterwards with your claim form (or if submitting online, once you have received your claim reference).

6.1 **What enquiries have you made?**

- Letter or phone call to driver
Please send a copy of all correspondence or details of phone calls
- Enquiry with DVLA
Please send a copy of DVLA response
- Enquiry with vehicle owner
Please send a copy of owner's response
- Enquiry with possible insurer or broker
Please send a copy of insurer's or broker's response
- Enquiry with keeper registered with DVLA
Please send a copy of all correspondence or details of phone calls
- Enquiry on Motor Insurance Database (MID)
Please send a copy of the MID result
- Enquiry with foreign insurer or their UK representative
Please send a copy of all correspondence or details of phone calls

6.2 **Do you believe the details provided to you are accurate?**

Yes
 No – why not?

6 Enquiries made (continued)

Foreign-registered vehicles - Green Card details

▶▶ **If the vehicle is not a foreign-registered vehicle, skip to section 7.**

For more information, see Green Card section within the booklet Guide to making a Motor Insurers' Bureau claim.

6.3 **Green Card reference if known**

6.4 **Country where vehicle is registered**

7 Other vehicles involved in the accident

Vehicle details

▶▶ **If there were no other vehicles involved, skip to section 8.**

7.1 **Registration number**

7.2 **Vehicle make, model and colour**

Make
Model
Colour

7.3 **Details of damage to this vehicle**

Driver's details

7.4 **Driver's title**

Mr Mrs Miss Ms Other

7.5 **Driver's name**

First name
Last name

7.6 **Driver's contact details**

Address
Postcode
Phone number
Email address
@

7.7 **Explain how they were involved**

8 Details of the accident

8.1 **Date and time of the accident**

Date (dd/mm/yyyy) / /

Time (24-hour clock) :

8.2 **Location of accident**

Please give as much detail as you can, including road names and numbers if you have them

Town
Country
Country

8.3 **Conditions at time of accident tick all that apply**

Weather conditions

Sun Rain Snow Ice Fog

Light conditions

Daylight Dawn Dusk Dark

Road conditions

Wet Dry Ice or Snow Mud or oil on road

8.4 **Description of accident**

Please describe the accident. Include speeds of all vehicles. Describe obstructions, such as parked cars and bends in the road.

Give as much detail as you can. Use the pages at the back of this form if you need to.

9 Details of police involvement

9.1 **Was the accident reported to the police?**

No
 Yes - give details of date and time reported

Date (dd/mm/yyyy) / /

Time (24-hour clock) :

9.2 **Did the police attend the scene at the time of the accident?**

No
 Yes

9 Details of police involvement (continued)

9.3 Police reference or log number

9.4 Investigating police officer

Name
Number

9.5 Police station

Name
Address
Postcode
Phone number

9.6 Are you aware of any prosecutions?

No
 Yes - please give details

10 Witnesses

Witness 1

10.1 Contact details

Name
Address
Postcode
Phone number
Email address
@

10.2 Is this witness known to you?

No
 Yes - how?

10.3 How was this witness involved in the accident?

Passenger
 Other - please give details

10.4 Was this witness injured?

No
 Yes - please give details

Witness 2

10.5 Contact details

Name
Address
Postcode
Phone number
Email address
@

10.6 Is this witness known to you?

No
 Yes - how?

10.7 How was this witness involved in the accident?

Passenger
 Other - please give details

10.8 Was this witness injured?

No
 Yes - please give details

Additional witnesses

10.9 Are there any additional witnesses?

No
 Yes - Use the pages at the back of this form, if you need to.

11 Details of your claim

Vehicle damage

11.1 Has your vehicle been damaged in the accident?

Yes ►► continue with question 11.2
 No ►► skip to question 11.7

11.2 Was the accident on or after 1 August 2015?

Yes **Do you have comprehensive insurance?**
 Yes - we cannot deal with your vehicle damage. Please claim from your insurer. ►► continue with question 11.4
 No ►► continue with question 11.3
 No **Are you claiming from your motor insurer for vehicle damage?**
 Yes ►► skip to question 11.4
 No ►► continue with question 11.3

11.3 Estimated value of vehicle Estimated cost of repair

£	£
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►► skip to question 11.5

Post estimates for repairing any damage with your claim. For more information, see 'Accidents involving damage to your vehicle' section within the booklet *Guide to making a Motor Insurers' Bureau claim*.

11 Details of your claim (continued)

Vehicle damage (continued)

11.4 **Do you have to pay an excess?**
 Yes If so, how much is it? £
 No

11.5 **Is the vehicle still in use?**
 Yes
 No - Have you had access to another vehicle?
 No
 Yes - please give details

11.6 **Please provide the claim number, address and telephone number for your insurance company**

Policy number or reference
Name
Phone number

Property damage - non vehicle

11.7 **Are you claiming for property damage other than vehicle damage?**

No ►► skip to question 11.12
 Yes ►► continue with question 11.8

Post estimates for repairing any damage with your claim. For more information, see 'Accidents involving damage to property – non vehicle' section within the booklet *Guide to making a Motor Insurers' Bureau claim*.

11.8 **Describe the damage to your property**

11.9 **Has the property already been repaired or replaced?**

No
 Yes

Please post a copy of the estimates or invoices for the repairs or replacement with your claim form.

11.10 **Cost or repair or replacement** £

11.11 **Insurer's details in relation to property damage**

Name
Policy number or reference
Phone number

Loss of income

11.12 **Have you lost income as a result of this accident?**

No ►► skip to question 11.15
 Yes - how much income have you lost?

£

11.13 **Period out of work (dd/mm/yyyy)**

From / /
 To / /

11.14 **Name of employer at time of accident**

Personal injury

11.15 **Did you sustain any personal injuries in the accident?**

No ►► skip to question 12
 Yes ►► continue with question 11.16

11.16 **Describe the injuries you sustained**

11.17 **Are you still suffering from these injuries?**

No
 Yes - please give details

11.18 **Do these injuries still prevent you from returning to your normal work or completing your normal daily activities?**

No
 Yes - please give details

11.19 **Has a medical professional recommended rehabilitation, such as physiotherapy?**

Medical professional not seen
 No
 Yes - please give brief details of the treatment and the provider

11.20 **Do you need any more rehabilitation, as a result of the accident?**

No
 Yes - please give details

12 Declaration

- ▶▶ Please read this Declaration in conjunction with the *Guide to making a Motor Insurers’ Bureau claim*. If you do not have a copy it is available at www.mib.org.uk/downloadable-content

This declaration page will be used as proof of your consent for us to investigate and process your claim.

- 1 I declare that I am the person referred to in this claim form and to the best of my knowledge and belief the information provided is true and complete. If required, I undertake to give further assistance to the Motor Insurers’ Bureau (MIB).
- 2 I recognise that the submission of this claim form does not in any way presume that the MIB will make a compensation payment to me.
- 3 I authorise the MIB, its representatives and certain third parties using my personal and sensitive information (including medical information and criminal convictions relevant to the claim) as outlined in the Data Protection Privacy Notice set out in the explanatory booklet *Guide to making a Motor Insurers’ Bureau claim* available at www.mib.org.uk/downloadable-content (“Privacy Notice”). I hereby confirm that I have read, understood and agree to the contents of the Privacy Notice.
- 4 I confirm that where I have provided personal data about a third party, other than any uninsured driver, as part of my claim, I have obtained the freely given agreement of the individual(s) concerned to enable the MIB and relevant third parties to use their personal data. This includes any special categories of personal data, and where practicable, I have told them who the MIB are and the purposes for which their personal data will be used. In the event that I am made aware that the agreement of the individual(s) concerned is withdrawn or amended for any reason, I shall notify MIB as soon as possible.
- 5 By signing this form, I am confirming that I agree with all of the statements above and I confirm that I have read, understood and agree to the Privacy Notice contained in the *Guide to making a Motor Insurers’ Bureau claim*.

- ▶▶ Please repeat the claimant’s details, then sign and date the form.

Without all of this information and signature being completed, we will be unable to process your claim and will return the form.

Claimant’s details

First name
Last name
Name of organisation

Signature

Date (dd/mm/yyyy)

		/			/				
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If you have signed on behalf of the claimant, tick the appropriate box and print your name below.

- Claimant’s parent/legal guardian if claimant is under 18 years of age
- Litigation friend
- Organisation

First name
Last name

- ▶▶ Please complete section 13 on the next page.

If you have knowingly provided false information about this claim you may be liable to prosecution. MIB may seek to recover from you any costs it has reasonably incurred in the investigation of a claim you have falsely made.

13 Personal Injury Claim Mandate

▶▶ If your claim is or is partly for personal injury, please sign the Personal Injury Claim Mandate below. Completion of this mandate will assist MIB to process your claim.

You only need to sign this mandate if you are claiming for personal injury.

- 1 I authorise any health professional, whom I have consulted at any time, to release to MIB or its representatives any information relevant to my claim, concerning my past, present, or anticipated future, physical or mental health.
- 2 I understand that by signing this Personal Injury Claim Mandate I am giving permission for all my health records and notes relevant to my claim to be disclosed to MIB or its representatives. This is for the purpose of processing my claim in accordance with the Data Protection Privacy Notice set out in the booklet **Guide to making a Motor Insurers' Bureau claim**, and that a copy of this Personal Injury Claim Mandate will be provided to the relevant health professional.

▶▶ You MUST REPEAT the claimant's name, address, date of birth and accident date in the boxes below. Then sign and date this Personal Injury Claim Mandate.

If you do not do this, we may not be able to make a compensation payment to you.

Claimant's details

First name
Last name
Address
Postcode

Claimant's date of birth (dd/mm/yyyy)

□□ / □□ / □□□□

Accident date (dd/mm/yyyy)

□□ / □□ / □□□□

Signature

Date (dd/mm/yyyy)

□□ / □□ / □□□□

If you have signed on behalf of the claimant, tick the appropriate box and print your name below.

- Claimant's parent/legal guardian if claimant is under 18 years of age
- Litigation friend

First name
Last name

▶▶ Please complete section 14 on the next page.

Blank pages to provide additional information, if required

Blank pages to provide additional information, if required