



MIICI Ref.

COC.IC. _____

5th EU 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 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.

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

SECTION A - ENQUIRER CONTACT DETAILS		
Name:	Email address:	
Address:	Telephone Number:	
SECTION B - ACCIDENT DETAILS		
Country where accident occurred:	Date of accident:	
SECTION C - OFFENDING VEHICLE DETAILS:		
Registration Number:	Make & Model of Vehicle: (if available)	Country of Registration: (if available)
Insurance details of offending vehicle: (if available)		

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

Signature & Date: _____

Further information is available on www.mibi.ie

Please return the fully completed form to MIBI, 5 Harbourmaster Place, IFSC, Dublin 1