

Data Subject Access Request - CUE

The Motor Insurers' Bureau (MIB) is the data controller for the Claims and Underwriting Exchange (CUE), a central database of motor, home, personal injury and industrial illness incidents reported to insurance companies which may or may not have given rise to a claim.

The easiest way to request the information MIB holds about you on the CUE database, is to complete the following Data Subject Access Request.

Please note, this request will not return any information relating to your motor insurance policy, claims made to MIB, written-off vehicles or 'No Claims Discounts'.

About you						
Full name:						
Date of birth:	/ /	,				
Current address:						
Daytime telephone no:						
Email address:						
National insurance no.:						
Gender:	Female:		Male:		Unspecified:	
Previous name:				1		
Previous name: Previous address: (for the last six years)						
Previous address:				To:		
Previous address: (for the last six years)				To:		
Previous address: (for the last six years) Resident from:				To:		

^{*}If you need to add additional addresses, please continue on a separate sheet.



Proof of identity				
In order for us to confirm your identity, pleas identification - one to confirm your name an and address. Tick as appropriate.		•	ne	
Proof of your name and date of birth. Select	Proof of your name and address. Select one.			
Valid photocard driving licence		Utility or local authority bill (issued in the last 3 months)		
Valid passport		Current vehicle registration document		
Birth certificate		Mortgage or student loan statement (issued in the last 12 months)		
Official ID card		Correspondence from HMRC (issued this financial year)		
If you have been known by another name, pl forms of identification. Tick as appropriate.	lease a	also include a copy of one of the following		
Marriage licence		Deed poll notification		

By completing this form, you are authorising MIB to process your data in line with data protection legislation. Requests will be responded to within one month.

Decree absolute

Signed: Date: / /

To submit this request, please send this form along with your proof of identity to:

Post: Risk & Compliance (MIAFTR) – Dept. 3 Email: <u>DSARdept3@mib.org.uk</u>

ИIB Tel: 0345 1652 803

Linford Wood House 6 - 12 Capital Drive Milton Keynes MK14 6XT

Decree nisi

Н	ow would you like to receive your information? Tick one.	Email:	Post:	
				1