

General Claim Form

The ARAG logo consists of the letters 'ARAG' in a bold, black, sans-serif font, centered within a yellow circle with a black border. The circle is set against a yellow background with a fine, diagonal line pattern.

ARAG plc
9 Whiteladies Road, Clifton
Bristol, BS8 1NN

Tel. 0117 917 1698
Fax. 0117 917 1699
Email newclaims@arag.co.uk

Please complete this form and return it immediately with all relevant supporting documentation to the above address.

We will process your claim promptly, including sending an acknowledgement within 1 working day. Please do not instruct a solicitor or other professional advisor in relation to this matter, since we will appoint one chosen from our approved panel in the event that the claim is covered. Any fees or expenses incurred without our authority are not covered under the policy.

Important Note: You are reminded that the information you are about to provide must be true and accurate to the very best of your knowledge or belief. An insurance contract is one of utmost good faith, so if in any doubt as to the relevance of a factor, you should declare it. We would ask you to ensure that the information you are about to provide is true and accurate to the best of your knowledge or belief. Any person who knowingly and intentionally attempts to defraud any insurance company or files a statement of claim containing information which is false, or conceals information with the intent to mislead, is committing a crime and is liable to prosecution. Such an event will also render the policy and any cover under it, void.

Section 1 – Your Details

Your name

Contact name
(if you are a company)

Address

Postcode

Contact tel. no.

Mobile

Email

Your date of birth (if not claiming as a company) (DD/MM/YYYY)

How would you prefer to be addressed?

By first name

By last name

Are you VAT registered?

Yes

No

We suggest email as the usual method of correspondence. If however you would prefer not to be contacted this way, please indicate here

Yes, email is ok

Do not email

Payments made to you will normally be paid directly into your bank account by electronic transfer. Please therefore advise:

Bank account number

Sort code

Name of account holder

Continue overleaf

Section 2 – Policy Details

Name of the broker or agent
that sold you the cover

Their address

Postcode

Contact tel. no.

Name of policyholder (if different than claimant)

Policy number

Date cover first commenced

Do you hold any other insurance which may cover this claim

Yes

No

If yes, please provide details Including policy number

Section 3 – Details of the Claim

Please indicate the type of claim involved

Employment

Contract

Personal injury

Tax/VAT

Criminal prosecution

Property

Other

Please state:

- i) the date of the event that led to the claim occurring
- ii) the date you became aware you might have a claim

Name of the party with whom you are in dispute

Their address

Please give brief details of the circumstances surrounding the claim (continue on a separate sheet if necessary).

Please attach copies of any relevant documents, for example a copy of any agreement or summons received relating to the claim. Please do not send original documentation as we cannot guarantee its safety. Unless we receive written instructions to the contrary, any documentation supplied will be destroyed once it has been scanned onto our computer system. Please do not write "please see attached"; any claims form not providing a simple summary of the events leading up to the claim will be returned which will cause a delay in its assessment.

Have you sought advice from our Legal Helpline?

Yes

No

If 'yes', please state when

Continue overleaf

Section 4 – Declaration

I declare that the information supplied in this form and the documents sent in support of the claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a claim at the time of taking out the cover.

In accordance with the General Data Protection Regulation any personal or special category (sensitive) information provided in this claim form or throughout the handling of the claim will only be used in accordance with our privacy statement which can be found at <https://www.arag.co.uk/cookie-policy>

We may need to share your personal or sensitive information with other organisations. We will not disclose your personal or sensitive information for any purpose other than the purpose for which it was collected (including any customer satisfaction survey relating to your claim).

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to ARAG any information it reasonably requests from them relating to my claim.

Signed

Date

Name

If the claimant is someone other than the policyholder, the policyholder must sign below to confirm that they have given authority to the claimant to make this claim under the policy.

I declare that the above person is duly authorised to make this claim

Signed

Date

Name

Please note: we require you provide a copy of your most recent policy schedule when returning your claim form and failure to include this may result in the delay of your claim's assessment.

Schedule included

Section 5 – Password

In order to identify you, the policyholder or the person making the claim, we will require you to confirm your identity should you need to call our office regarding your claim. We will do this by verifying the details contained within Section 1 of this form with you and also by validating your answer to the below which will form your password when calling our offices over your claim.

Memorable place:

ARAG plc registered in England number 02585818. Registered address: 9 Whiteladies Road, Clifton, Bristol BS8 1NN.

ARAG is authorised and regulated by the Financial Conduct Authority firm registration number 452369, and this can be checked by visiting the FCA website at www.fca.org.uk/register or by contacting the FCA on 0845 606 1234.

ARAG plc is covered by the Financial Ombudsman Service.