

# Jury Service Claim Form



ARAG plc  
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Bristol, BS8 1NN

Tel. 0117 917 1698  
Fax. 0117 917 1699  
Email [newclaims@arag.co.uk](mailto:newclaims@arag.co.uk)

Please note you will need to download the pdf and save a blank copy prior to completion. To do this please right-click on the appropriate form and then select 'Save link as...' from the resulting menu. Once the form is downloaded it can be opened using any standard PDF reader and you will then be able to complete, save and send this back to us. If you do not do this, your browser might open your pdf directly but any changes you make may not be saved. Once the document is complete please email it to [newclaims@arag.co.uk](mailto:newclaims@arag.co.uk)

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

[Reset this form](#)

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 state

i) Name of the person attending as a juror

ii) The date jury service was notified

iii) The dates actually attended as a juror

iv) Has a claim for loss of earnings been made to the court

Yes

No

v) If yes, how much has been reimbursed? £

(polite note: failure to be honest with your insurer can lead to the claim being refused as well as prosecution)

### Please attach copies of all required documents outlined below:

For your claim to be dealt with quickly you must enclose relevant documents. Any delay in sending us all the information needed to assess your claim could result in your claim being rejected.

Please do not send original documentation as we cannot guarantee its safe delivery. Unless we receive written instructions to the contrary, any documentation supplied will be destroyed once it has been scanned onto our secure computer system.

### Checklist

A copy of your P60 or a letter from an accountant confirming your net annual salary	Included	Not included
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A copy of HM Court Service's letter confirming the days you attended as a juror.	Included	Not included
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A copy of HM Court Service's letter confirming the amount they have paid you in lost earnings.	Included	Not included
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If you do not work full-time hours, confirmation of the number of days/hours worked each week.	Included	Not included
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A copy of your certificate of attendance.	Included	Not included
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Continue overleaf

## Section 3 –Details of the Claim (continued)

Please confirm any additional information that may assist us when considering your claim

## 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](http://www.fca.org.uk/register) or by contacting the FCA on 0845 606 1234.

ARAG plc is covered by the Financial Ombudsman Service.