



Personal Tax Form

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

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

Please save this document to your desktop before you input any data, if the document is not saved the information input will not be retained. Once the document is complete please email it to newclaims@arag.co.uk

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.

We process your personal data in accordance with our Privacy Notice. For information on how we use your personal data, please refer to the ARAG Privacy Notice at <https://www.arag.co.uk/cookie-policy/>

Section 1 – Your Details

Your Name (claimant name - does not need to be policyholder)*:

Contact Title*:

How would you prefer to be addressed?:

Address 1*:

Address 2:

Address 3:

Town*:

County:

Postcode*:

Mobile Number*:

Home Number:

Work Number:

Contact Email*:

Your Date of Birth*:

Section 2 – Policy Details

Name of the broker/agent or company that sold/ provided you with the cover*:

Their Address 1*:

Their Address 2:

Their Address 3:

Their Postcode*:

Their Town*:

Their County:

Contact Number*:

Date Cover Started:

Are you the policyholder? *: Yes No

If answer is No then:

Name of policyholder*:

What is your relationship to the policyholder*:

Spouse/ Partner Child Broker Solicitor
Executor Other family member Other Power of Attorney

If answer is Other family member then:

Please Specify*: Parent /Guardian Grandparent Aunt Uncle Sibling

If answer is Other then:

Please Specify*:

If answer is Solicitor then:

Do you have a signed mandate? *: Yes No

Does the policyholder have an email address? *: Yes No

If Policyholder has an email address then:

Policyholder Email*:



If Policyholder does not have an email address then:

(please provide policyholder address - note that the processing of the claim may take longer)

Policyholder Address 1 *:

Policyholder Address 2:

Policyholder Address 3:

Postcode:

Policyholder Town *:

Policyholder County:

Policy number *:

Do you hold any other insurance which may cover this claim? *:

Yes

No

Section 3 – Claim Details

Please state the date of the event that led to the claim occurring *:

The date you became aware you might have a claim
(this could be same date as event that 'led to claim occurring') *:

Period under investigation from *:

Period under investigation to *:

Please provide brief details of the circumstances giving rise to this claim *:

Have you sought advice from our Legal Helpline? *:

Yes

No

If answer is Yes then:

Please state when you sought advice from our Legal Helpline *:



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. (Please tick box to accept)*

Do you have any special requirements or adaptations you require ARAG to make when corresponding with you on this matter?* Yes No

If answer is Yes then:

Please let us know what special requirements or adaptations you require*:

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. Please provide a memorable word below.* :