Commercial TAX Form



ARAG plc Unit 4a, Greenway Court Bedwas, Caerphilly CF83 8DW 🔊 0117 917 1680

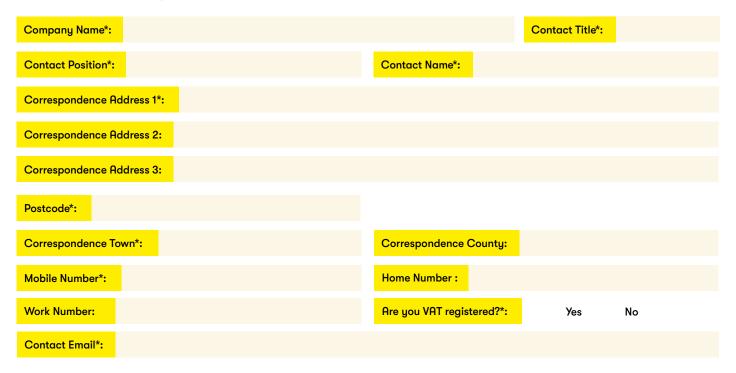
enquiries@arag.co.uk

\varTheta www.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/data-legal/privacy-notice/



Section 1 – Company Details



Section 2 – Policy Details

	provided you with t	ne cover":					
Their Address 1*:							
Their Address 2:							
Their Address 3:							
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:	Executor	Other family member	Other	Power of Attorney			
If answer is Other family member then: Please Specify*: Parent /Guardian	Executor Grandparent	Other family member Aunt Uncle	Other Sibling	Power of Attorney			
				Power of Attorney			
Please Specify*: Parent /Guardian				Power of Attorney			
Please Specify*: Parent /Guardian If answer is Other then: Please Specify*:				Power of Attorney			
Please Specify*: Parent /Guardian				Power of Attorney			
Please Specify*: Parent /Guardian If answer is Other then: Please Specify*:	Grandparent	Aunt Uncle		Power of Attorney			



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:	
If answer is Solicitor then:			
Do you have a signed mandate?*:	Yes No		
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*:	Per	iod 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.*: