

Tax Claim Form



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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

We will process your claim promptly, including sending an acknowledgement within 1 working day. Please do not instruct an accountant in relation to this matter, since we will appoint one for you 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. Any person who knowingly and intentionally attempts to defraud any insurance company or other person files a statement of claim containing any information which is false, or conceals with the intent to mislead, information concerning any material fact, 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 – Claimant's Details

Your company's name		
Contact name		
Contact position		
Address		
		Postcode
Contact tel. no.	Mobile	
Email		
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

Continue overleaf

Section 2 – Policy Details

Name of the company that sold you the cover		
Their address		
	Postcode	
Telephone number		
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		
Aspect enquiry	Full enquiry	Self Assessment Business Investigation
VAT	DSS & PAYE Audit	Other
Please state:		
i) the date of the event that led to the claim occurring		
ii) the date of the period under investigation (if relevant)		
i) the date you became aware you might have a claim		
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 the letter from HMRC advising of an investigation. 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.		
Have you sought advice from the tax helpline?		
If 'yes', please state when		

Section 4 – Declaration

In accordance with the UK General Data Protection Regulation & Data Protection Act 2018 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>

ARAG 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 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.

Signed

Date

Print 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

Print name

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.