





## Your Claim Form and Next Steps


We are sorry to hear about the situation that has led you to make a claim. We understand this can be a difficult time, and we want to make the process as simple and straightforward as possible for you. This letter also outlines what will happen next and what you can expect as we guide you through the process.

### THE PROCESS:

To start the claim process we kindly ask that you:

-  **Complete all relevant sections of the claim form**  
Enclosed within the first page of the claim form document you will find a checklist, please read and refer to this checklist as a guide on the sections that you will need to complete.
-  **Provide all requested supporting documents**  
Provide all requested supporting documents (e.g., ID, payslips, bank statements). The checklist also outlines the supporting documents required and explains why each is needed.  
*Please contact us and we will be more than happy to help you complete the form or answer any questions you may have.*
-  **Return the completed form**  
Return the completed form along with the checklist, ensuring you have indicated which sections you have completed and which documents you are submitting. Your documents can be submitted to us by email or by post.

 **Email:**  
claims@claimscog.co.uk

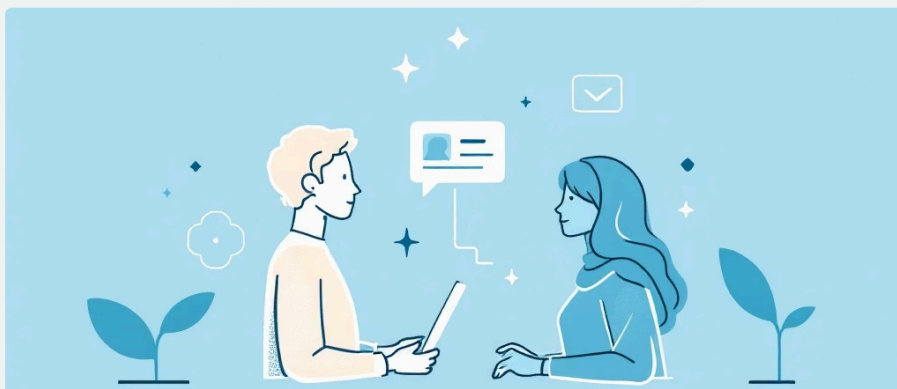
 **Address:**  
4th Floor, Telecom House, 125-135 Preston Rd,  
Brighton and Hove, BN1 6AF

### WHAT HAPPENS NEXT:

Once we receive the completed claim form, we will review the information provided and contact you if anything further is required.

- Please be aware that, due to the unique circumstances of each case, we may request additional information beyond what is outlined in the checklist. We may also need to make further enquiries with you or relevant third parties to ensure a fair and accurate assessment of your case.

A dedicated claims handler will stay in touch with you throughout the assessment process, keeping you updated and letting you know if we need any additional information.



Once a decision has been made, you'll receive a final decision letter. This will confirm whether your claim has been accepted – along with a breakdown of your payment schedule – or explain the reasons for any decline, in line with the policy terms and conditions.

## About ClaimsCog

ClaimsCog acts on behalf of the insurer for your scheme, providing claims administration services. We manage your claim from start to finish, including the payment of any benefits if your claim is approved. For all claim-related enquiries, please continue to contact us directly.

If you have questions regarding your policy – such as premium payments or policy documents – please contact the policy administrator using the details provided below.


### Policy Administrator – **Best Insurance**

**Phone Number:** 0330 330 9465

**Email Address:** [customersupport@bestinsurance.co.uk](mailto:customersupport@bestinsurance.co.uk)

We are here to provide you with all the help and support you require during this period.

If you have any questions or need assistance in completing the form, please do not hesitate to contact us at **03333 447 508** or [claims@claimscog.co.uk](mailto:claims@claimscog.co.uk)

-  **Important:** Please note that while your claim is being assessed and throughout the duration of your claim period, all premiums on your policy must remain up to date and your cover active. If premiums are not maintained, your policy may be cancelled, and we will be unable to assess any claim under an inactive policy.

Yours sincerely,

**The ClaimsCog Team**

On behalf of ClaimsCog Ltd.

## UNEMPLOYMENT CLAIM FORM CHECKLIST

All sections highlighted in blue are required to be completed by you. Please go through each section and tick the documents completed and provided.

<b>Section 1: Personal Details</b>
<b>Section 2: About Your Employment</b>
<p><b>Section 3: Employer's Statement (to be completed by your employer)</b></p> <p>Please provide this section of the form to your previous employer, from whom you are claiming unemployment. If they return the completed form to you, we'll still need them to confirm directly that they have filled it out, as explained in the form.</p>
<p><b>Section 4: For Self-Employed Individuals</b></p> <p>This section should be completed by your accountant. If you do not use an accountant to file your tax returns, you will be required to complete it yourself.</p>
<p><b>Section 5: For Company Directors</b></p> <p>This section should be completed by your accountant.</p>
<b>Section 6: Further Information</b>
<b>Section 7: Job Search</b>
<b>Section 8: Declaration</b>

## ADDITIONAL INFORMATION

As well as the claim form being completed, we require the following additional information to be submitted — the documents highlighted in purple are mandatory.

### JSA Awards Letter

In accordance with your policy, you are required to register as unemployed with your local Job Centre. We will need a copy of your JSA award letter confirming your benefit entitlement and the date you were registered as unemployed.

If you are receiving Universal Credit (UC) instead of JSA, we will require confirmation of your UC entitlement, along with your ongoing UC journal entries. Your journal entries must clearly indicate the date from which you have been recognised as unemployed under UC.

## ADDITIONAL INFORMATION

**ID Document — Driving License or Passport**

*We can accept a photocopy or photo taken of the valid document.*

**12 Months Bank Statements**

*Please provide your bank statements for the 12 months following the submission of your form. The statements must be unredacted and show all account activity for each month. Please note that these statements will be required on an ongoing monthly basis.*

**12 Months Payslips**

*Please provide your payslips for the past 12 months, including your final payslip from your employer, which should reflect any redundancy payments.*

**Tax Return**

*Copy of your most recently submitted tax return (if self-employed and/or a company director)*

**Company Accounts**

*If you are a Company Director, please provide copies of your company's filed accounts for the last two years.*

**Settlement Agreement**

*If you have signed a settlement agreement, please provide us with a copy of the agreement.*

**Redundancy Letters**

*Any communication received surrounding your unemployment (e.g. Consultation Notice, Redundancy Letter).*

**Job Offer Confirmation**

*If you secure a new position, we will require confirmation of your job offer letter.*

# Unemployment Claim Form

## SECTION 1: PERSONAL DETAILS

<b>Policy number</b>	
<b>National insurance number</b>	
<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Correspondence address (if different)</b>	
<b>Home telephone number</b>	
<b>Mobile telephone number</b>	
<b>Email address</b>	
<b>BANK DETAILS</b>	
<b>Bank account number</b>	
<b>Branch sort code</b>	
<b>Name of account holder(s)</b>	
<b>Bank name</b>	
<b>Is this a joint account?</b>	Yes    No



## SECTION 1: PERSONAL DETAILS

<p><b>Are there any regular payments that you receive into your bank account?</b>  <i>(During our assessment, we will review your statements to understand any incoming transactions. Please help us identify these transactions. Be aware that additional payments may be flagged during our review, and a member of our team will contact you if further clarification is needed.)</i></p>	<p>Yes      No</p> <p><i>If yes, please provide confirmation of the nature of the payment, for example:  A Smith — Partner — £200 Standing Order for household bills</i></p>
<p><b>Are you claiming with another insurer or on any other insurance policies for this period of unemployment?</b>  <i>(If yes, please provide details including policy schedules)</i></p>	<p>Yes      No</p>
<p><b>Have you ever claimed under this policy or any other accident, sickness, or unemployment policy?</b>  <i>(If yes, please provide details including claim numbers)</i></p>	<p>Yes      No</p>
<p><b>Did you transfer your cover from another provider?</b>  <i>(If yes, please provide a copy of your previous policy schedule)</i></p>	<p>Yes      No</p>





## SECTION 2: ABOUT YOUR EMPLOYMENT

<b>Occupation prior to unemployment</b>					
<b>Duties</b>					
<b>Were you working full time?</b>	Yes      No				
<b>How many hours were you contracted to work each week?</b>					
<b>Was your employment:</b> <i>(Please select what option applies to you – this will also provide guidance to what sections within this form will apply to you.)</i>	<table> <tr> <td>PAYE</td> <td>Contract worker</td> </tr> <tr> <td>Temporary contract</td> <td>Agency worker      Seasonal</td> </tr> </table> <p><b>Please complete Section 3</b></p> <hr/> <p>Self-employed</p> <p><b>Please complete Section 4</b></p> <hr/> <p>Company director – Shareholding over 5%</p> <p><b>Please complete Section 5</b></p> <hr/> <p>Other – Please contact us directly so we can advise you on the relevant sections to complete. Contact us via 0330 330 9465 or via <a href="mailto:claims@claimscog.co.uk">claims@claimscog.co.uk</a></p>	PAYE	Contract worker	Temporary contract	Agency worker      Seasonal
PAYE	Contract worker				
Temporary contract	Agency worker      Seasonal				
<b>Employer name</b>					
<b>Address</b>					
<b>Postcode</b>					
<b>Employer's telephone number</b>					
<b>Employer's email address</b>					
<b>Basic gross annual income</b>					





## SECTION 2: ABOUT YOUR EMPLOYMENT

Employment start date

Employment end date

### TIMELINE OF EVENTS

Reason for termination

Please provide a detailed summary of the reasons and circumstances that have led to your unemployment:

### 1. AWARENESS OF EMPLOYMENT RISK:

When were you first aware of a potential risk to your employment?

How was this risk communicated to you?

In person    Phone    Email    Letter

Other (please specify): \_\_\_\_\_

### 2. FORMAL NOTIFICATION:

When did you first receive confirmation that your role was at risk?

How was this risk communicated to you?

In person    Phone    Email    Letter

Other (please specify): \_\_\_\_\_

### 3. CONSULTATION PROCESS:

Were there any consultation meetings held regarding the potential risk to your role?

Yes    No

If yes, please provide the dates and outcomes of these meetings





## SECTION 2: ABOUT YOUR EMPLOYMENT

### 4. FORMAL NOTICE OF TERMINATION:

<b>When did you receive the formal notice of termination?</b>	
<b>What is your contracted notice period?</b>	<i>Notice period duration:</i>
	<i>From:</i>
	<i>To:</i>
<b>Were you required to work this notice or was it paid as a payment in lieu?</b> <i>(If part worked &amp; remainder paid in lieu, please provide a breakdown)</i>	Notice period worked      Payment in lieu of notice received Part worked and remainder paid in lieu
<b>Last working day</b>	
<b>Official employment termination date</b>	
<b>Did you sign a settlement agreement?</b> <i>(If yes, please provide a copy)</i>	Yes      No
<b>Can you confirm that the following reasons for termination can be excluded:</b> Resignation      Misconduct <i>(If not, please supply details)</i>	
<b>Did you receive any warnings in respect of your performance, or were they undergoing any disciplinary proceedings within 6 months preceding the termination date?</b> Yes      No <i>(If yes, please supply details)</i>	





## SECTION 2: ABOUT YOUR EMPLOYMENT

<p><b>Did you leave your employment to become a full-time carer?</b></p>	<p>Yes      No</p>
<p><b>Have you worked for the same employer for 5 years or more?</b></p> <p><i>(If no, please provide the name and full postal address of your previous employer(s), alongside confirmation of your start date and end date.</i></p> <p><i>If self-employed, please state self-employed and give the full name and address of your accountant.)</i></p>	<p>Yes      No</p>
<p><b>Are you currently undertaking any paid or unpaid work? This includes any part-time roles.</b></p> <p><i>(If yes, please provide details)</i></p>	<p>Yes      No</p>
<p><b>Do you have any other business interests, shares, or directorships in any companies, including any projects that are currently being developed?</b></p> <p><i>(If yes, please provide details)</i></p>	<p>Yes      No</p>
<p><b>Do you have any ongoing legal proceedings related to your previous employment?</b></p> <p><i>(If yes, please provide details)</i></p>	<p>Yes      No</p>





### SECTION 3: EMPLOYER'S STATEMENT (TO BE COMPLETED BY YOUR EMPLOYER)

<b>Employee's name</b>			
<b>Position held</b>			
<b>Date employment commenced</b>			
<b>Was the employee employed on a:</b> <i>(if employed on a fixed-term contract, please give dates of contract, the number of times the contract has been renewed, and details of each contract)</i>	Full time permanent	Fixed term contract	Temporary basis
	Part time permanent	Seasonal basis	Self-employed basis
	Agency	Seasonal	Other
<b>How many hours per week was the employee contracted to work?</b>			
<b>Please confirm the employee's normal job title and duties:</b>			
<b>Was the employee's role tied to a specific project, client, or contract?</b>	Yes	No	
<b>If yes, please provide details</b>			
<b>Were they aware of an end-date at the commencement of the employment?</b>			
<b>Reason for termination of employment:</b> <i>(if dismissal, performance, or other, please provide details)</i>	Involuntary redundancy	Voluntary redundancy	Industrial action
	Voluntary resignation	Illness	Employer ceased trading
	Dismissal	Performance	Mutual agreement
	Other _____		
<b>Please confirm the employee's gross annual salary</b>			





## SECTION 3: EMPLOYER'S STATEMENT (TO BE COMPLETED BY YOUR EMPLOYER)

### TIMELINE OF EVENTS

Reason for termination

Please provide a summary of the reasons that have led to the employee's unemployment:

### 1. AWARENESS OF EMPLOYMENT RISK:

When was the employee first aware of a potential risk to their employment?

How was this risk communicated to the employee?

In person    Phone    Email    Letter  
 Other (please specify): \_\_\_\_\_

### 2. FORMAL NOTIFICATION:

When did the employee first receive confirmation that their role was at risk?

How was this risk communicated to the employee?

In person    Phone    Email    Letter  
 Other (please specify): \_\_\_\_\_

### 3. CONSULTATION PROCESS:

Were there any consultation meetings held regarding the potential risk to the employee's role?

Yes    No

If yes, please provide the dates and outcomes of these meetings



## SECTION 3: EMPLOYER'S STATEMENT (TO BE COMPLETED BY YOUR EMPLOYER)

### TIMELINE OF EVENTS

#### 4. FORMAL NOTICE OF TERMINATION:

<b>When did the employee receive formal notice of termination?</b>	<i>Verbal:</i>	
	<i>Written:</i>	
<b>What is the employee's contracted notice period?</b>	<i>Notice period duration:</i>	
	<i>From:</i>	
	<i>To:</i>	
<b>Was the employee required to work their notice or was it paid as a payment in lieu?</b> <i>(If part worked &amp; remainder paid in lieu, please provide a breakdown)</i>	Notice period worked      Payment in lieu of notice received  Part worked and remainder paid in lieu	
<b>Last working day</b>		
<b>Effective employment termination date</b>		
<b>Are there any other relevant dates or information that should be considered regarding the timeline of the employee's termination?</b>		
<b>Were there any formal or informal conversations prior to the confirmation of termination that posed a potential risk to the employee's role?</b>		
<b>When were the first announcements of any redundancies, restructure, reorganisation, financial or contractual threats within the organisation?</b>  <b>*Even if this did not specifically highlight the previous employee's role was at risk.</b>  <i>(Please provide details and dates)</i>		



## SECTION #3: EMPLOYER'S STATEMENT (TO BE COMPLETED BY YOUR EMPLOYER)

### TIMELINE OF EVENTS

**Did the employee sign a settlement agreement?**

*(If yes, please provide details)*

Yes      No

**Was this settlement agreement taken up as an alternative voluntary agreement with an enhancement instead of compulsory redundancy?**

Yes      No

**Please select any of the following reasons for termination that apply:**

Resignation      Misconduct      Performance Related Issues

*(Please supply details)*

**Had the employee received any warnings in respect of their performance, or were they undergoing any disciplinary proceedings within 6 months preceding the termination date?**

Yes      No

*(If yes, please supply details)*

**Was the employee offered any alternative employment?**

*(If yes, please provide details)*

Yes      No





### SECTION 3: EMPLOYER'S STATEMENT (TO BE COMPLETED BY YOUR EMPLOYER)

I declare that the answers I have provided on this certificate are true and complete to the best of my knowledge and honest belief. The answers provided have not been given by my employee, but have come from me, their employer.

**Name and address of company**

**Post code**

If the form is returned via the employee, we will still require a confirmation email from you (the employer), confirming the date the form was completed and that it was completed by the employer. Without this confirmation, the form cannot be accepted.

Please either email your completed form directly to us or email [claims@claimscog.co.uk](mailto:claims@claimscog.co.uk) confirming that you completed the document.

**Company telephone number**

**Your name**

**Employment title**

**Contact number**

**Email address**

**Signature**

**Date of signature**





**SECTION 4: SELF-EMPLOYED (TO BE COMPLETED BY YOUR ACCOUNTANT, OR BY YOU IF YOU DON'T USE THE SERVICES OF AN ACCOUNTANT TO FILE TAX RETURNS)**

<b>Name of client</b>	
<b>Tax reference number</b>	
<b>Is your client paying Class II National Insurance contributions?</b>	Yes      No
<b>Nature of business and trading name</b>	
<b>Did they work over 16 hours per week?</b>	Yes      No
<b>Was it a limited company? If yes, please provide registered company number.</b>	Yes      No
<b>Did your client own his or her own business?</b>	Yes      No
<b>Were they employed as a sub-contractor? If yes, was income tax deducted at source?</b>	Yes      No
<b>On what date was your client aware that the business might need to cease trading?</b>	
<b>Date self-employment commenced</b>	
<b>Date self-employment ended</b>	
<b>Reason for termination of self-employment</b>	
<b>Was this a voluntary action?</b>	





**SECTION 4: SELF-EMPLOYED (TO BE COMPLETED BY YOUR ACCOUNTANT, OR BY YOU IF YOU DON'T USE THE SERVICES OF AN ACCOUNTANT TO FILE TAX RETURNS)**

<b>When were Inland Revenue informed of cessation of trading?</b>		
<b>Have they acknowledged the receipt?</b>		
<b>Annual Revenue for the Last Three Years</b>	<b>Year 1:</b>	£
	<b>Year 2:</b>	£
	<b>Year 3:</b>	£
<b>Net Profit for the Last Three Years</b>	<b>Year 1:</b>	£
	<b>Year 2:</b>	£
	<b>Year 3:</b>	£
<b>Details of Any Loans or Debts</b>	<b>Type of loan/debt:</b>	
	<b>Amount:</b>	
	<b>Lender:</b>	
<p><b>Please attach a copy of your most recently submitted Self-Assessment Tax Return.</b></p> <p><b>If your self-employment has been for less than 12 months, please instead provide copies of your invoices and relevant bank statements.</b></p>		





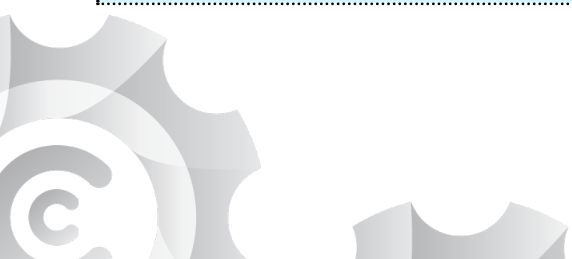
## SECTION 5: COMPANY DIRECTOR (TO BE COMPLETED BY AN ACCOUNTANT)

<b>Name of Limited Company</b>	
<b>Companies House Number</b>	
<b>Date of Incorporation</b>	
<b>Shareholding Percentage of Claimant</b>	
<b>Registered Company Address</b>	
<b>Nature of Business / Trading Activity</b>	
<b>INCOME DETAILS (MOST RECENT FINANCIAL YEAR)</b>	
<b>PAYE Salary from the Company</b>	£
<b>Dividend Income</b>	£
<b>Any Other Director Benefits (e.g. company car, pension contributions, allowances)</b>	£
<b>BUSINESS CLOSURE CIRCUMSTANCES</b>	
<b>Date of Awareness of Closure</b> — On what date did you (the director/claimant) first become aware that the business would need to cease trading?	
<b>Reason for Cessation of Trading</b> — Please provide a full explanation of the circumstances leading to the closure (e.g. loss of key contracts, financial difficulties, regulatory action, decline in sales, withdrawal of funding, disputes, etc.)	





<p><b>Nature of Loss of Business —</b> Was the loss of business primarily due to:</p>	<p>Contractual Issues Market or Industry Downturn Loss of Major Client(s) Cash Flow Difficulties Legal/Regulatory Issues Other (please specify) _____</p> <p><i>Please expand with supporting detail, including dates and relevant background.</i></p>
<b>THIRD PARTY INVOLVEMENT</b>	
<p><b>Closure Triggered by External Action —</b> Has the company been forced to cease trading by a creditor or third-party who is <u>not</u> a director?</p>	<p>Yes      No</p>
<p><b>If Yes — Nature of Third-Party Action</b> Type of action (select all that apply):</p>	<p>Unpaid invoices / debt collection Loan default / bank action HMRC or tax authority action Landlord or lease enforcement Other (please specify) _____</p>
<p><b>Insolvency Practitioner Appointment (if applicable)</b> Has an insolvency practitioner been appointed as a result of this action?</p>	<p>Yes      No</p>
<p><b><i>If Yes, please provide:</i></b></p>	
<p><b>Type of procedure</b></p>	<p>Administration Liquidation Receivership Company Voluntary Arrangement</p>





<b>Date of appointment</b>	
<b>Name of appointed practitioner</b>	
<b>Contact number</b>	
<b>Email address</b>	
<b>Postal address</b>	
<i>If No — Voluntary Action:</i>	
<b>Was the closure a voluntary decision made by the directors?</b>	Yes      No
<b>Provide any further relevant information about the circumstances of third-party involvement or voluntary closure (e.g. communications with creditors, legal proceedings, negotiations)</b>	
<b>Has the claimant taken steps to start another business or remain self-employed?</b>	Yes      No If yes, please provide details.
<b>Accountant's signature</b>	
<b>Print name</b>	
<b>Date</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Company stamp</b> <i>(If you do not have a company stamp, please contact us directly to validate this information at — <a href="mailto:claims@claimscog.co.uk">claims@claimscog.co.uk</a>)</i>	



## SECTION 6: FURTHER INFORMATION

Where more than one answer is available, please tick the most appropriate:

**Do you have a Directorship to any business? This can also be a directorship in relation to a property.**

Yes      No

**Are you registered with or associated to any other Company / Business, either Ltd or Non Ltd?**

Yes      No

**If yes, please give details**

**Do you hold shares in any business?**

Yes      No

**If yes, please confirm the percentage of shares and the company information**

**Please confirm the address of your / the business**

*(And the Registration Number, if applicable)*

**Please confirm the period that the business has been running from this address:**

## SECTION 7: JOB SEARCH (TO BE COMPLETED BY YOU)

### Confirmation of Your Job Search:

On the basis that your claim is accepted, you'll need to send us certain information each month you remain unemployed. This ensures you meet the terms of your policy and demonstrate that you're actively looking for work.

You must also register as unemployed with the Job Centre. We'll need proof of this registration either through:

- Your Jobseeker's Allowance (JSA) Award Letter confirming your benefit entitlement, or
- Proof of eligibility for Universal Credit (UC), along with your ongoing UC journal entries

Please provide a copy of your JSA Awards Letters or Universal Credit confirmation when completing and retrieving your claim form.

### Monthly Evidence Required:

#### 1. Job Search Update

A summary in your own words detailing your job search efforts during the period your payment covers. This should include any feedback you've received and any relevant information you feel would help document your job search activities.

#### 2. Evidence of Job Search Activities

Examples include screenshots of job applications, correspondence with potential employers, a spreadsheet outlining all job applications made during your payment period, and any feedback received.

#### 3. Updated Bank Statement for the Payment Period

A complete bank statement covering your payment period. If a formal statement has not yet been generated, screenshots from your online banking app are acceptable, provided they cover the full payment period. Please note that we can only accept submissions with a maximum of two missing dates from the payment period.

**\*Important: If you do not send us all the required documents — including clear proof that you are actively searching for work and a complete bank statement for the payment period — we will not be able to process your payment in time. Missing, incomplete, or unclear evidence will result in delays to your claim while we wait for the information. This means your payment could be postponed until the correct documents are received and reviewed. To avoid delays, please double-check that all evidence is complete, up-to-date, and clearly shows your job search activities for the month in question.**

## JOB SEARCH PLANNING FORM

This form is designed to support you in your job search by helping you plan and record your activities while showing that you are actively seeking employment in line with policy requirements. By sharing details such as the types of roles you are interested in and applying for, your salary expectations, the methods you will use to find and apply for jobs, and any steps you plan to take to enhance your employability, we can better track your progress and provide any additional guidance or support you may need to secure work.

### **1: Role Preferences**

Describe the types of roles you are interested in (include job titles, industries, and whether you prefer contract or other arrangements):

### **2: Salary Expectations**

What salary or hourly rate do you hope to earn?

What is the minimum salary or rate you would consider?

**3: Application Methods**

How do you plan to find and apply for jobs? (e.g. job boards, networking, company websites, social media, etc.)

**4: Recruitment Consultants**

Do you plan to sign up with recruitment consultants or staffing agencies? Why or why not? If yes, list any specific ones:

**5: Limitations or Constraints**

Describe any factors that might limit your job search (e.g. travel distance, transportation, availability, health, caring responsibilities, visa restrictions, etc.)

**6: Skills & Career Development**

Are there any skills you would like to improve, qualifications you want to gain, or new career paths you want to explore? Please explain:

**7: Additional Notes**

Is there anything else about your job search goals or approach that you think is important to mention?

**Declaration to be completed by the claimant:\*\***

I declare that the answers I have provided on this certificate are true and complete to the best of my knowledge and honest belief. I confirm that I have disclosed to you any work that I have undertaken, either paid or unpaid, since the commencement of this or any other current claim. I am aware that if I knowingly give incorrect information, I will lose all rights under the policy, I will have to repay any benefit I have received, and legal action could be taken against me. I confirm that I am actively seeking full-time employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 8: DECLARATION (TO BE SIGNED BY YOU)

I wish to claim under the terms of the policy and declare that to the best of my knowledge and belief I am eligible to do so, that the answers set out in this form are true and complete and I agree that any benefit payments made as a result of a known incorrect statement by me shall be repayable. I authorise my employer(s), the Employment Service/Benefits Office, the Inland Revenue/Tax Office, any Insurance office, my intermediary, and my lender to provide Claims Cog Limited with any information relevant to this claim if required. I understand a representative of Claims Cog Limited may call for additional information. A copy of this authorisation shall be as effective and valid as the original.

Insurers and their agents share information with each other to prevent fraudulent claims via a Register of claims. A list of participants and the name and address of the operator of the Register are available on request. I understand that Claims Cog Limited may search the Register and that any information that I have supplied previously, the information I supply on this form, and any other information relating to a claim, will be provided to the participants. I consent to Claims Cog Limited seeking any information which it considers appropriate in connection with this claim, and authorise the giving of such information. In addition, insurers, lenders, and their agents may share information I have provided to them, and may also undertake checks against publicly available information as necessary. I understand that you may seek information from other insurers to check the answers I have provided.

In order that my claim may be dealt with as speedily as possible, I consent that Claims Cog Limited may:

- Obtain any information which they consider appropriate to my Protection Insurance claim, including sensitive and personal information;
- Contact my Finance House to discuss the terms of my Credit Agreement and to obtain any further information they deem necessary to process my claim;
- Provide information or discuss all matters relating to my Protection Insurance claim, which may include Personal or Sensitive Data defined under the Data Protection Act 1998, and the General Data Protection Regulation (GDPR) with my Finance House or Supplying Dealer (if applicable)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** We may obtain independent confirmation of information given in this claim form. Whilst the vast majority of claimants complete their claim honestly and truthfully, a small number do deliberately make false declarations. If we become aware that a person has willfully made any false declarations, we do reserve the right to refer the matter to the appropriate authorities.

Please check you have included all requested information. Any information you are in doubt about should be disclosed. Failure to provide the required information to complete an assessment in full could delay or mean your claim may not proceed. All additional documentation should be included where possible, but please do not delay in sending your form in.

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM**

### ADDITIONAL INFORMATION

**Please return this form to:**

Claims Cog Limited, 4th Floor, Telecom House  
125-135 Preston Rd, Brighton & Hove, Brighton BN1 6AF

## DATA PROTECTION & PRIVACY

We, Claims Cog Limited, are the data controllers (as defined by the Data Protection Act 1998 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process your personal information.

For full details of what data we collect about you, how we use this, who we share this with, how long we keep it, and your rights relating to your personal data, please refer to our Privacy Notice.

If you do not have access to the Internet, please write to the Group Data Protection Officer at the address listed below with your address, and a copy will be sent to you in the post.

In summary:

We, Claims Cog, may as part of our agreement with you under this contract collect personal information about you, including:

- Name, address, contact details, date of birth, and cover required
- Financial information such as bank details
- Details of any claim

We will also collect personal information about any additional people who you wish to be insured under the policy.

We may also collect sensitive information about you, and any additional people who wish to be insured under the policy, where the provision of this type of information is in the substantial public interest, including:

- Medical records to validate a claim should you be claiming for sickness or an accident

We collect and process your sensitive personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded, and the recordings used for fraud prevention and detection, training, and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on our behalf (for example, premium collection and claims validation, or for communication purposes related to your cover). We will ensure that they keep your information secure and do not use it for purposes other than those that we have specified in our Privacy Notice.

Some third parties that process your data on our behalf may do so outside of the European Economic Area (“EEA”). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

We will keep your personal information only for as long as is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share your information if we are required to by law. We may share your information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided we can do so without breaching data protection laws.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice, please contact: **\*\*Data Protection Officer, Claims Cog Limited, 4th Floor, Telecom House, 125-135 Preston Rd, Brighton & Hove, BN1 6AF** or call **0333 344 7508.\*\***