

General Claim form



DAS Group, DAS House, Quay Side, Temple Back, Bristol BS1 6NH
Telephone: 0117 934 2000 Fax: 0117 934 2109 Website: www.das.co.uk

Issued by: Date:

Please take care to complete all of the relevant boxes in BLOCK CAPITALS only. If more room is needed to answer, please continue on a separate sheet.

Please ensure the declaration at the end of the form is signed and dated. We will not accept a claim until this is completed.

Please quote your DAS Policy Number and any intermediary reference:

If your DAS Policy attaches to another insurance policy, please put the number of that policy here:

Please attach a copy of your certificate of insurance if possible.

Policy/Policyholder's Name:

Date of Cover: From: To:

CLAIMS GUIDANCE NOTES

(following these guidelines will help us to progress the claim quickly and efficiently).

1. It is **ESSENTIAL** that you return this claim form to The Claims Department promptly. If you do not, you may prejudice your claim.
2. We will need copies of all documents and letters you may have in connection with this dispute. Please send copies with this claim form. If you do not, we will not be able to assess whether the claim is covered and this will cause a delay. Always keep the originals for your records. Please be particularly careful with photographs. Always attach them securely to your claim form and write your name, address and policy number on the back of each photo.
3. Within 48 hours we will send a letter of acknowledgement with your claim reference number. A decision on whether your claim is covered will be given within 10 working days of receipt of full information. If you have other claims with DAS, please do not quote those reference number(s) with this matter.
4. If you cannot find your policy documents, or do not know the number of your policy, please provide as much detail as possible about the policy and where it was purchased.
5. Please do not, under any circumstances, instruct a solicitor or other representative, as this could invalidate cover under the policy. We will deal with the claim ourselves or through our agents.

1.a) Your full name/Company name:
(whichever appropriate)

Name: Date of Birth:

Your current address including postcode (this must be your actual address and not your "care of" address):

Your home telephone number: Fax number (if applicable):

Your work telephone number: Fax number (if applicable):

Your e mail address:

To enable us to provide a faster response to your enquiry we suggest our communications be sent by email. If you would prefer us not to use this method, then please indicate here.

Please list anybody who has your authority to discuss this claim with DAS:

Name: Date of Birth:

Please note that the following details if provided will be used to make you any payments from DAS:

Bank & Account Name: Sort Code:

Account Number: VAT Registered:

1.b) Details of your agent or broker or other insurance company (the person who sold you the policy):

Name:

Address:

Post Code:

Telephone number:

Fax number:

E mail:

2. Your opponent's details (the party against whom you may wish to claim or is claiming against you):

Opponent's name(s):

Opponent's current address:

Post Code:

Telephone number:

Fax number:

E mail:

3. Please indicate the type of claim you are making:

a) **Personal Injury?**

Please state the date you were injured:

b) **General Employment?**

Please attach a copy of any proceedings.

What was the date of dismissal?

c) **Contract?**

Please attach the contract.

i) Please state the date of original agreement:

ii) If you purchased or sold goods, please state the date that you did so:

iii) When did the dispute first start? (This may be when you first had a problem).

d) **Criminal Offence?**

Please attach a copy of the Charge or Summons.

If there is a prosecution, what is the date of the alleged offence?

e) **Other?**

What type of claim is it?

When did the problem(s) occur?

