

General

CLAIM FORM



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.

ARAG policy number:

Intermediary reference (if known):

If you are insured through another insurer, please put your policy number 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. If you do not, we will not be able to assess whether the claim is covered and this will cause a delay. Please send copies with this claim form. 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 new 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 If you have other claims with ARAG, please do not quote those reference number(s) with this matter.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 full details.
- 5** If you wish to rely on your legal expenses policy in relation to this matter, please do not, under any circumstances, instruct a solicitor or other representative, until you have written approval to do so from ARAG as this could invalidate cover under your policy.

YOUR DETAILS

Full name/Company name (whichever appropriate):	Date of birth (if you are applying in your own name and you are under 21):
Contact name (if appropriate):	Address (including postcode): (This must be your actual address and not your 'care of' address)
Home telephone number:	Home fax number (if applicable):
Work telephone number:	Work fax number (if applicable):
Work email address:	
Are you registered for VAT?	YES NO

AGENT DETAILS

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

Name:	Address (including postcode):
Telephone number:	Fax number:
Email address:	

OPPONENT'S DETAILS

(The party against whom you may wish to claim or who is claiming against you.)

Opponent's name(s):	
Telephone number:	Opponent's current address (including postcode):
	Fax number:
Email address:	

CLAIM TYPE

Please indicate (tick) the type of claim you are making:

Personal Injury?
Please state the date you were injured:

General Employment? (Please attach a copy of any proceedings.)
What was the date of dismissal?

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.)

Criminal Offence? (Please attach a copy of the Charge or Summons.)
If there is a prosecution, what is the date of the alleged offence?

Other?
What type of claim is it?

When did the problem(s) occur?

GENERAL CLAIM DETAILS

Have you received or sent any correspondence to your opponent in relation to this dispute?

YES

NO

If 'YES', please forward copies with this form.

Have you obtained advice from our Legal Advice Service?

YES

NO

If 'YES', please indicate date(s) of call(s) and name(s) of advisor(s):

DATE OF CALL	NAME OF ADVISOR

OTHER INSURANCES

Do you hold any other insurance policy that could cover this claim?

YES

NO

If 'YES', please give full policy details (i.e. policy number and insurance company) below:

EXPLANATION OF YOUR CLAIM

Please explain briefly what you think has led to the dispute. Please supply names and addresses of the people who witnessed any incident or could provide helpful evidence.

EXPLANATION OF YOUR CLAIM (CONTINUED)

Who is involved in the claim?

What is your claim about?

When and how did the incident happen?

Why did the incident happen?

(Please continue on a separate sheet if necessary.)

Please send with this completed form any relevant documentation to:

The Legal Claims Department, ARAG Legal Protection Limited, Floor 7, 1 Hatch Street Upper, Dublin 2 D02 PY28
Telephone: 01 670 7470 Fax: 01 416 1209 or visit our website at: www.arag.ie

PLEASE NOTE:

You will not be covered for any costs incurred before the claim has been accepted by ARAG in writing.

At your request, ARAG Legal Protection Limited will provide your Broker or insurance intermediary with updates on the progress of your claim. If you wish us to provide updates to your broker or insurance intermediary, please tick this box.

DECLARATION

I/We confirm that I/we have read the Guidance Notes. I confirm that the foregoing particulars and any supplementary statements provided on the claim form and any supporting documentation are true and complete in every respect. I/We understand that ARAG will only indemnify legal costs which are both reasonable and covered under the policy. Any other costs will be borne by me/us. I/We will deliver to ARAG at any time and ARAG can inspect at any time any files held by the Solicitors instructed by me/us in relation to this claim. I hereby consent to ARAG processing my personal data for the purposes of providing me with the services available under my policy as they apply to this particular claim, and to administer my legal expense claim in accordance with the Data Protection Policy and the GDPR and Data Protection Law Notice.

Signature:

Date:

ARAG Legal Protection Limited is registered in Republic of Ireland number 639625. Registered address: Floor 7, 1 Upper Hatch Street, Dublin 2, D02 PY28.

ARAG Legal Protection Limited is regulated by the Central Bank of Ireland.

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