

Mr. Matthew Fuller
3 Stable Place
Bordon
Hampshire
GU35 0GL

11 August 2020

Dear Mr. Fuller

Re: Policy Number PMC/HO/6371851 - Claim Number TSC/233474

We understand you have registered that you wish to make a claim and we enclose a claim form for your completion and return to the above address.

To enable Us to give a speedy response to your claim, it is essential that you give as much information as possible on the claim form (or separate sheet if necessary) regarding the circumstances of the claim.

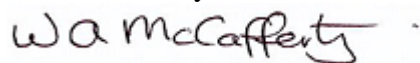
Please note that the financial commitments covered must be maintained pending our decision on your claim.

It may be necessary during the period of your claim for a company representative to call on you.

Please answer all relevant sections and supply copies of the following:

- **Copy of bank statement showing your out-goings (if claiming for unemployment or disability)**
- **Last 3 payslips to confirm salary or if self –employed a copy of your latest Self-Assessment Tax Return submitted to the HMRC.**
- **Sick-notes (if claiming for disability)**
- **Redundancy/termination letter (if claiming for unemployment)**
- **Copy of your Letter from DWP confirming your entitlement to Job Seekers Allowance (If claiming for Unemployment)**
- **If you have had previous cover in place elsewhere and have taken this policy out on a transfer basis, please provide a copy of your previous policy schedule.**

Yours sincerely



For and on behalf of
Claims Department

Enc: Claim Form & Important Advice

P.T.O.

Key Points if making an Unemployment Benefit Claim

To be eligible to claim Unemployment benefit under your policy you must:

- *Register with the Department of Work and Pensions as soon as you lose your job*
- *Be in receipt of both the appropriate National Insurance Credits and the appropriate benefit (usually Job Seekers allowance)*
- ***Be actively seeking work from the date of unemployment and be able to produce supporting evidence of such on a monthly basis i.e. Copies of job applications, letters of confirmation, letters requesting interview, letters of refusal, e-mails etc.***

Please note that if you receive pay in lieu of notice your claim will not start until the notice period has expired and all other conditions are satisfied.

NB: In the interests of accuracy some telephone calls may be recorded.

IMPORTANT ADVICE

If you are making an unemployment claim:-

To assist us/you in the smooth processing of your claim please be advised that the Insurers require you to be able to prove on a monthly basis that you are actively seeking employment. The fact that you are registered and qualify for Job Seekers allowance will not necessarily be considered sufficient for a benefit payment to be made.

Each month you will be required to complete a claim continuation form and return it with your evidence of job searches within the month of claim, and a copy of your Bank Statement showing you are still in receipt of Job Seekers Allowance.

This evidence can take the form of:

- Covering letters for job applications
- Letters of interview
- Rejection letters
- Copy of e-mail applications/replies
- Validated Job Centre referrals
- Referrals by Recruitment Agencies

If required, we can also provide a log sheet similar to that issued by the Job Centre, for you to use if your job search is of a manual nature and includes cold calling at places where work might arise i.e. Building Sites etc. This form can also be used for logging speculative calls to employers in your area. Please note that this evidence may be validated before payment is made.

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If you are making a disability or incapacity claim:-

Please refer to exclusions relating to stress and back related disabilities before paying for the claim form to be completed by your Doctor.

Normally stress related illness is not covered unless you are under the care of a consultant.

Normally Back related disability is not covered unless there is radiological evidence of an abnormality to your back.

To assist us/you in the smooth processing of your claim, once liability has been accepted, please be advised that each month, you will be required to complete a claim continuation form and return it with a valid sick note for the month of the claim. In certain instances, you may be required to have this form completed by your Employer or Doctor.

During the life of an acceptable claim, we may instruct a company to call on our behalf to check on the progress of your claim. This visit is normally unannounced and in the event that you are not present at the time of the visit, a card will be left in order that a mutually convenient time can be arranged for the interview.

Unemployment Claim Form

Policy No: PMC/HO/6371851

Claim No: TSC/233474

Start Date: 06/01/2020

Instructions – Please Read Carefully:

Please enclose copies of all additional documentation as requested on the covering letter.

Please ensure all relevant questions are answered (using a separate sheet if necessary) and sign the declaration in Section 3. You will need to arrange for your former employer/Accountant to fully complete Section 2A or 2B of the claim form.

Please return this form to:

**Claims Department
Trent-Services (Administration) Ltd
Trent House
Love Lane
Cirencester
Glos. GL7 1XD**

Important Notice:

This form is issued by the Administrators of your policy who act solely for and on behalf of your Insurer.

SECTION 1 – To be fully completed in every case.

Full Name (Mr/Mrs/Miss/Ms/Other):.....

Any other name you use/used, for example, maiden name, nick name etc:.....

Address:.....

.....

Postcode:..... Date of Birth:.....

Home Telephone Number:..... Mobile Telephone Number:.....

E-Mail address:.....

Please advise whether you are happy for us to contact you via email: **YES/NO**

Occupation prior to unemployment:.....

Please confirm your job title or nature of self-employment:.....

Date unemployment commenced:..... Date last worked:.....

Payroll No:..... National Insurance No:.....

Gross annual salary, (this should **NOT** include bonuses or overtime):.....

Reason for unemployment:.....

Name, address and telephone number of all your employers over the last six months - most recent first if more than one. Please continue on an additional sheet if necessary (If self-employed, please state 'self-employed' and give details together with the full name and address of your accountant in the space provided below):

Name:..... Telephone Number:.....

Address:.....

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Employment commenced:..... Employment ended:.....

Reason why employment ended, e.g. redundancy etc:.....

Are you currently undertaking any work either paid or unpaid? **YES/NO**: Please provide full details including company names and addresses where applicable, number of hours worked per week and weekly/monthly income:

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Do you have any other business interests or Directorships including any projects that are currently being developed? **YES/NO**

If yes to the above, please provide full details:.....

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Have you made a claim under this, or any other Accident, Sickness or Unemployment Policy within the last three years? **YES/NO**

If Yes, please give details:.....

Are you making a claim, relating to your current claim period under any other policy? **YES/NO** If yes, please provide a copy of **your policy schedule** and confirm the following:

a) Start date and end date of policy.

b) Payment you are protecting and monthly benefit expected i.e. loan policy, £250.00 per month.

c) Policy/claim number, name, address and contact telephone number of the Insurance Company:.....

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BANK DETAILS – Please supply the following details in order that payments (if applicable and claim is accepted) can be paid directly into your bank:

NAME OF BANK:..... ACCOUNT NO:.....

NAME OF ACCOUNT HOLDER:..... SORT CODE:.....

SECTION 2A. To be completed by your former employer or liquidation company (if previously employed rather than Self-Employed)

Date employment commenced:.....Date employment ended:.....
Date last worked:.....Date notice given (Verbal):.....(Written):.....
Reason for termination:.....
If dismissal, was this due to misconduct? **YES/NO**
If redundancy, was this voluntary? **YES/NO**
What date did the consultation period first begin?.....
What date was the employee first aware that their job was at risk?.....
Did the employee sign a Compromise Agreement? **YES/NO**
Who first discussed the possibility of severance by way of a Compromise Agreement? **EMPLOYEE/EMPLOYER**
If the employee signed a Compromise Agreement, had the employee received any warnings in respect of their performance or were they undergoing any disciplinary proceedings within the 6 months preceding the termination date? **YES/NO**
What was the employee's contractual notice period?.....
Was the employee paid in lieu of notice? **YES/NO** If yes, what date does this payment extend to?.....
Was the employee paid compensation for their contractual notice period? **YES/NO**
If Yes, what date does this payment extend to?.....
Was the employee offered suitable alternative employment? **YES/NO**
Was the employee employed on a permanent contract with no pre-defined end date? **YES/NO**
Was the employee employed on a seasonal, casual or temporary contract? **YES/NO**
If the employee worked on a fixed term contract, please confirm the dates of the original contract:.....
How many times has the contract been renewed?.....
How many hours did the employee work per week?.....
Gross annual salary (this should **NOT** include bonuses or overtime):.....
What country was the employee working in?.....

Authorised signature:.....

Company Stamp (if you do not have a company stamp please provide a letter on headed paper confirming this information):

Print name (capitals):.....

Job title:.....

Date:.....

Contact telephone number should further enquiries need to be made:.....

SECTION 2B. To be completed by your Accountant (if previously Self-Employed or you were previously a Director of the Limited Company)

Date self-employment commenced:.....Date self-employment ended:.....
Date last worked:.....Reason for termination of self-employment:.....

When were the Inland Revenue informed of cessation of trading?.....

(i) Have they acknowledged receipt? **YES/NO**

(ii) Did your client own their own business? **YES/NO**

(iii) Was it a limited company? **YES/NO**

(iv) Were they a Sub Contractor or sole trader? **YES/NO**

Has the company been put in to the hands of an insolvency practitioner following the actions of a third party acting outside of the business? **YES/NO**

Copy of last 3 years trading accounts attached? **YES/NO/NOT APPLICABLE**

If No, or Not Applicable, please confirm why?.....

Copy of cessation of trading letters plus Inland Revenue acknowledgement letter attached? **YES/NO**

Accountant's Signature:.....

Company Stamp (if you do not have a company stamp please provide a letter validating information):

Print Name (Capitals):.....

Date:.....

SECTION 3 - Declaration - To be signed by the customer

DATA PROTECTION ACT 2018

I hereby agree that the information I supply will be used by the Claims Administrator, on behalf of the Insurers for assessment of this claim and may also be used for statistical and reporting purposes. We may also disclose the data you have supplied to other third parties for purposes relating directly to your claim, e.g. Solicitors, Loss Adjusters, Police, Case and Employment Advisors and other Insurers etc.

I declare that the statements given in this form are true to the best of my knowledge and belief and agree that any benefits paid as a result of any knowingly incorrect statement shall be invalid. I authorise my Employers (both past and present) or my Accountants to provide the Insurers, or their Agents, with any information relative to this claim if so required. I agree that a copy of this consent shall have the validity of the original.

I understand that the Insurers share information with each other to prevent fraudulent claims via a Register of Claims and that a list of participants is available on request. The information I supply on this form, together with the information I supplied on my application form and other information relating to the claim, will be provided to the Register.

I consent to the seeking of information from other Insurers to check the answers I have provided and I authorise the giving of such information.

I consent to the Underwriters and their appointed agents writing to Her Majesty's Revenue & Customs (HMRC)/ Department of Work and Pensions (DWP). I consent for the release of any information deemed necessary in relation to my claim and I request that the HMRC/DWP cooperate with all necessary enquiries.

Print Name:.....

Signature:..... Date:.....

ADDITIONAL INFORMATION: Please supply any additional information you may feel is necessary

If you have returned to work, please confirm the date; __ / __ / ____ and attach a copy of your P45 issued by the Job Centre.

Disclaimer

I confirm I am aware that failure to provide all requested documentation may result in the claims decision being delayed.

Signed:.....

Date:.....