

Legal Protection Claim Form

Addept aim to deal with your claim as quickly as possible. To enable us to do this, please complete this claim form and email it back, without delay to: -

claims@addeptgroup.co.uk

IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. Please do not delay submitting your claim, as this could prejudice your position.
2. Please include copies of all correspondence with any parties regarding your claim. This will enable us to consider your claim promptly.
3. There is no cover for any legal fees incurred until your claim is accepted.
4. The claim cannot be accepted until this claim form is returned and assessed by Addept.
5. Only legal fees incurred by Addept's panel solicitors will be covered under this insurance.

Please complete this form with as much details as possible.

Section 1: Insured's Details	
Insured name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Name, Make & Model of Boat:	
Location of Home Berth/Mooring:	

Section 2: Insurance Cover (Please provide as much information about your insurance policy as possible, to enable us to identify which scheme you belong to and deal with your claim as quickly as possible)	
Please provide details of who you purchased your legal protection insurance from:	
Please provide a copy of your Insurance Schedule	Attached? Yes/No
Please provide details of any other insurance company names on the insurance documentation that you have been issued?	
Any other relevant information:	

Section 3: Claimant Details (If Different to the Insured)

Claimant name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Relationship to Insured:	
Does the claimant have any other insurance policies which may cover this matter? If yes, please provide details:	

Section 4: Details of the other party

Name of the person that you are in dispute with:	
Address:	
Telephone/mobile number:	
Email address:	

Section 5: Details of the Claim

Please indicate the area which, in your opinion, this claim relates to:

Uninsured Loss Recovery	Yes/No
Personal Injury	Yes/No
Contract Disputes	Yes/No
Prosecution Defence	Yes/No
Identity Fraud	Yes/No
Emergency Expenses	Yes/No
Mooring Fees	Yes/No
Temporary Replacement Costs	Yes/No
Other	Please state

About Your Claim

Have you obtained legal advice from the helpline? If Yes, please provide details including the helpline reference number if provided to you:	Yes/No
Are you defending or making a claim against your opponent?	Defending/Making
If you are defending a claim, do you have a counterclaim against your opponent? If Yes, please give details:	Yes/No

Provide brief details of the dispute:
Continue on a separate sheet if necessary.

What do you hope to achieve using legal action?
e.g. remedy sought, amount claimed

Details of the Circumstances Giving Rise to the Claim

Advise when and how you first became aware of the circumstances giving rise to the claim:
Please note that if you were aware of the circumstances before your insurance started, you will not be covered.

If you want to defend a legal action brought against you, please advise when and how you first became aware of possible legal action:

If you have already notified us of this claim e.g. via the legal helpline, what was the date, and, if there were any delays in notifying us, please explain the reason why:

Data Protection

I declare that the information supplied in this form and the documents sent in support of this 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.

Addept Insurance Services Ltd are committed to protecting and respecting your privacy in accordance with the General Data Protection Regulations. Any personal or special category (sensitive) information provided in this claim form or throughout the handling of this claim will only be used in accordance with our privacy statement which can be found at www.addeptgroup.co.uk.

We 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.

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to Addept Insurance Services Ltd any information it reasonably requests from them, relating to my claim.

Signed by the claimant:	
Print name:	
Date:	