

CLAIM FORM – TAX

For official use only
Date Sent _____
By _____

ARAG PLC

12th Floor, Froomsgate House
Rupert Street
Bristol, BS1 2QJ
Tel. 0117917 1698
Fax. 0117 917 1699
Email newclaims@arag.co.uk

Please complete this form and return it immediately with all relevant supporting documentation to the above address.

We will process your claim promptly, including sending an acknowledgement within 1 working day. Please do not instruct an accountant in relation to this matter, since we will appoint one for you in the event that the claim is covered. Any fees or expenses incurred without our authority are not covered under the policy.

Section 1 – Claimant's Details

Your company's Name	_____
Your Position (if appropriate)	_____
Address	_____ _____ _____
Postcode	_____
Contact tel. no.	_____
Mobile	_____
Fax No.	_____
Email	_____
Are you VAT registered?	Yes [] No []
We suggest email as the usual method of correspondence. If however you would prefer not to be contacted this way, please indicate here []	
Any payments made to you will normally be paid directly into your bank account by BACS. Please therefore advise:	
Bank account number	_____
Sort code	_____

Name of the accountant that sold you the cover	_____
Their address	_____ _____ _____
Telephone number	_____
Name of Policyholder (if different than claimant)	_____
Policy number	_____
Date cover first commenced	_____
Do you hold any other insurance which may cover this claim	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
If yes, please provide details Including policy number	_____ _____ _____

Section 3 – Details of the Claim

Please indicate the type of tax claim involved:	
Aspect Enquiry [<input type="checkbox"/>]	Full Enquiry [<input type="checkbox"/>] Self-Assessment Business Investigation [<input type="checkbox"/>]
VAT [<input type="checkbox"/>]	DSS & PAYE Audit [<input type="checkbox"/>]
Please state:	
i) the date of the event that led to the claim occurring	_____
ii) the date the period under investigation (if relevant)	_____
iii) the date you became aware you might have a claim	_____

Section 4 - Declaration

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

In accordance with the provisions of the Data Protection Act 1998, any personal or sensitive data supplied to ARAG plc will be held in a secure database and used solely for the purpose of this claim (including any customer satisfaction survey relating to the claim). 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.

Signed _____ Date _____

Print Name _____

If the claimant is someone other than the policyholder, the policyholder must sign below to confirm that they have given authority to the claimant to make this claim under the policy.

I declare that the above person is duly authorised to make this claim

Signed _____ (policyholder) Date _____

Print Name _____