



# Commercial Other Form

ARAG plc  
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Email [newclaims@arag.co.uk](mailto:newclaims@arag.co.uk)

Please save this document to your desktop before you input any data, if the document is not saved the information input will not be retained. Once the document is complete please email it to [newclaims@arag.co.uk](mailto:newclaims@arag.co.uk)

**Important Note:** You are reminded that the information you are about to provide must be true and accurate to the very best of your knowledge or belief. An insurance contract is one of utmost good faith, so if in any doubt as to the relevance of a factor, you should declare it. We would ask you to ensure that the information you are about to provide is true and accurate to the best of your knowledge or belief. Any person who knowingly and intentionally attempts to defraud any insurance company or files a statement of claim containing information which is false, or conceals information with the intent to mislead, is committing a crime and is liable to prosecution. Such an event will also render the policy and any cover under it, void.

We process your personal data in accordance with our Privacy Notice. For information on how we use your personal data, please refer to the ARAG Privacy Notice at <https://www.arag.co.uk/cookie-policy/>

## Section 1 – Company Details

Company Name *:		Contact Title *:	
Contact Position *:		Contact Name *:	
Correspondence Address 1 *:			
Correspondence Address 2:			
Correspondence Address 3:			
Postcode *:			
Correspondence Town *:		Correspondence County:	
Mobile Number *:		Home Number:	
Work Number:		Are you VAT registered? *:	Yes No
Contact Email *:			



## Section 2 – Policy Details

Name of the broker/agent or company that sold/ provided you with the cover\*:

Their Address 1\*:

Their Address 2:

Their Address 3:

Postcode\*:

Their Town\*:

Their County:

Contact Number\*:

Date Cover Started:

Are you the policyholder? \*:      Yes      No

*If answer is No then:*

Name of policyholder\*:

What is your relationship to the policyholder\*:

Spouse/ Partner

Child

Broker

Solicitor

Executor

Other family member

Other

Power of Attorney

*If answer is Other family member then:*

Please Specify\*:

Parent /Guardian

Grandparent

Aunt

Uncle

Sibling

*If answer is Other then:*

Please Specify\*:

Does the policyholder have an email address? \*:

Yes

No

*If Policyholder has an email address then:*

Policyholder Email\*:



If Policyholder does not have an email address then:

(please provide policyholder address - note that the processing of the claim may take longer)

Policyholder Address 1\* :

Policyholder Address 2 :

Policyholder Address 3 :

Postcode\* :

Policyholder Town\* :

Policyholder County :

If answer is Solicitor then:

Do you have a signed mandate?\* :

Yes

No

Policy number\* :

Do you hold any other insurance which may cover this claim? \* :

Yes

No

## Section 3 – Claim Details

Please state the date of the event that led to the claim occurring\* :

The date you became aware you might have a claim  
(this could be same date as event that 'led to claim occurring')\* :

Name of the party with whom you are in dispute\*:

Postcode\* :

Their Address 1 :

Their Address 2 :

Their Address 3 :

Their Town:

Their County :

Claim value (if applicable):



Please provide brief details of the circumstances giving rise to this claim\*:

Have you sought advice from our Legal Helpline? \*:  Yes  No

If answer is Yes then:

Please state when you sought advice from our Legal Helpline\*:

What resolution are you seeking?:  Defence of claim  Compensation  Apology  Other

If answer is Other then:

Please specify:

## 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. (Please tick box to accept)\*

Do you have any special requirements or adaptations you require ARAG to make when corresponding with you on this matter?\*  Yes  No

If answer is Yes then:

Please let us know what special requirements or adaptations you require\*:

In order to identify you, the policyholder or the person making the claim, we will require you to confirm your identity should you need to call our office regarding your claim. We will do this by verifying the details contained within Section 1 of this form with you and also by validating your answer to the below which will form your password when calling our offices over your claim. Please provide a memorable word below.\*: