



**PAYEE'S BANK DETAILS** WHEN THE CLAIM HAS BEEN APPROVED YOU MAY HAVE THE PAYMENT CREDITED DIRECT TO YOUR BANK ACCOUNT. THIS PAYMENT METHOD IS BOTH SPEEDIER AND SAFER THAN BY CHEQUE. IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS ARRANGEMENT THEN PLEASE COMPLETE THE FOLLOWING:-

Name of your Bank/Building Society: \_\_\_\_\_  
\_\_\_\_\_ *Bank*  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Bank Sort Code (from the top right hand corner of your cheque)  

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Account Number \_\_\_\_\_  
Account Name(s) \_\_\_\_\_

**DATA PROTECTION** In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

**DECLARATION** I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL TRUE AND CORRECT.

\_\_\_\_\_  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**CHECKLIST** PLEASE RETURN THE COMPLETED CLAIM FORM TOGETHER WITH ANY ENCLOSURES TO YOUR INSURANCE BROKER OR TO ACE EUROPEAN GROUP LIMITED. PLEASE ENSURE...

- YOU HAVE COMPLETED ALL RELEVANT QUESTIONS ON THIS CLAIM FORM
- YOU HAVE ENCLOSED ALL REQUESTED INFORMATION/DOCUMENTATION
- YOU HAVE SIGNED THIS CLAIM FORM .

AS FAILURE TO DO SO WILL RESULT IN DELAY IN HANDLING YOUR CLAIM

Thank you for fully completing this claim form.

