

# Claim Form

## Personal Accident & Sickness

### This section of the Claim Form is for you to Retain

If you or your employee have sustained an injury or contracted an illness which may be covered under your policy, please complete and return the attached form without delay to enable us to consider your claim. Kindly note that any delay may prejudice our position resulting in us being unable to consider your claim.

For Group Policies, Sections A to E can be completed by either the Insured Company or the Insured Person; however both parties must thoroughly check the contents of the form and sign the relevant declaration. Section F must be completed by the Insured Persons usual Doctor.

*In addition to this claim form, we will require all original medical certificates throughout the entire period of disability.*

### Customer Service Charter

We aim to provide:

- A high quality, efficient and helpful service.
- A swift and courteous response to all claim forms, associated documentation or correspondence sent to Aviva.
- Prompt payment in respect of valid claims following their authorisation.
- A speedy indication if a claim cannot be met until further information is received.
- Up to date information on the current position of your claim if it cannot be paid quickly.

### Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

We can supply on request further details of the database we access or contribute to.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information such as electoral roll, county court judgments, bankruptcy orders or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

### Claims History

Under the conditions of your policy you must tell us about any insurance related incidents (such as accidents, bodily injury, illnesses or incidents whilst travelling on business) whether or not they give rise to a claim.

FAO  
GPA Claims Department  
4th Floor, The Observatory  
Chapel Walks, Manchester  
M2 1HL  
Tel: 0800 051 6583  
Fax: 0161 931 8024  
Email: [gpaclaims@aviva.com](mailto:gpaclaims@aviva.com)

**PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.**  
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.

## SECTION A – POLICYHOLDER/CLAIMANT DETAILS

Name of Policyholder		Policy No
<input type="text"/>		<input type="text"/>

Claimant Details		
Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Email Address	
<input type="text"/>	<input type="text"/>	
Full Address including postcode		
<input type="text"/>		
Contact Daytime Telephone No.	Contact Evening Telephone No.	
<input type="text"/>	<input type="text"/>	

Claimant's Occupation Details		
Occupation	Are you self-employed	Date of Employment
<input type="text"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Full Occupation Address including postcode		
<input type="text"/>		
Nature of Occupation	How many hours a day do you perform admin duties?	
<input type="text"/>	<input type="text"/>	
Full Occupation Address including postcode		
<input type="text"/>		
Please give details of all income received during the period of disability? (Figures given should be per week)		
State benefits/SSP: <input type="text"/>	Other Insurance Policy benefits: <input type="text"/>	Other: <input type="text"/>
Name of any other insurance covering this period of incapacity?		If your are self-employed, will your business cease to operate during your period of incapacity?
<input type="text"/>		yes <input type="checkbox"/> No <input type="checkbox"/>

Did you suffer an accident? If YES, please complete Section B. For all other claims, please complete Section C.

## SECTION B – PERSONAL ACCIDENT

Please give exact date and time of the Accident:

Date:

Time:

AM

☐

PM

☐

Where did the accident occur?

Please provide a full description of the accident?

What injuries did you sustain?

Have you ever had any previous medical condition relating to this body part?

Yes

☐

No

☐

If YES, please give details?

If injury was as a result of a road traffic accident, was it reported to the Police?

Yes

☐

No

☐

If YES, please give address of the police station and accident reference number?

Is there any pending prosecution against you?

Yes

☐

No

☐

## SECTION C – SICKNESS

What injuries did you sustain?

Please provide the date when the illness began or when you became aware of symptoms:

Date:

Have you suffered from this or similar illness previously?

Yes ☐ No ☐

If YES, please give details:

If disease, where was this contracted?

## SECTION D – GENERAL QUESTIONS

Please provide the date when you were unable to work due to accident/sickness:

Date:

Are you still unable to work?

Yes ☐ No ☐

If NO, please state the date you returned to work:

Date:

Have you been TOTALLY disabled from carrying out your usual occupation?

Yes ☐ No ☐

If NO, please give details of duties/hours undertaken:

Please provide the date from which you have been able to undertake partial duties:

Date:

Please provide the name and address of your usual doctor:

Have you attended any other medical practitioner e.g. hospital/osteopath?

Yes ☐ No ☐

If YES, please provide names and address:

## SECTION E – HOSPITALISATION

Date of admission:	<input type="text"/>	Time of admission:	<input type="text"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Date of discharge:	<input type="text"/>	Time of discharge:	<input type="text"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>

## PAYEE'S BANK DETAILS

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society:

Address including postcode:

Bank Sort Code:  -  -

Bank Account Number:

Name of Account Holder(s):

## How we use your information

To assess the terms of your insurance contract at new business, renewal, and when we deal with changes to your policy or claims that arise, we may need to collect and use information about health and/or unspent offences or criminal convictions relating to you and (where relevant) family members and other people covered by your insurance.

When we use this data to make decisions about whether we can provide insurance to you and on what terms, deal with claims or carry out fraud checks this may be done by way of automated decision making. Further information about how we use your personal information can be found in the Privacy and our full privacy policy [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy).

### By proceeding with this application: -

- You understand that we will use information about you, including information about health and/or criminal convictions, for these purposes.
- You are confirming that any other person (e.g. a family member or other individual covered by your insurance policy, or whose information is relevant to us providing this policy) whose information you are providing understands and has no concerns about their information being used in this way.

**NOTE: If you have any concerns about use of information for these purposes, you should not proceed with this application as we may be unable to provide you with a policy. You can also contact us at any time if you would like to ask us to stop using your information but this may prevent us assessing future claims and the policy may be cancelled. Please note this will also apply to joint policies and, if any one of the policyholders asks us to stop using their information, this may prevent us assessing future claims and the policy may be cancelled.**

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

To find out more about your rights and how we collect and use your personal information please read the Privacy Notice for this product and see our full Privacy Policy at [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

DECLARATION

CLAIMANT DECLARATION

I/We declare the above particulars to be true and complete in every respect and that no material information has been withheld. I authorise Aviva to obtain information from other Insurers and also my employer or accountant. I will inform Aviva immediately should I undertake any form of work, either paid or unpaid.

SIGNED

DATE

POLICYHOLDER DECLARATION

I/We declare the above particulars to be true and complete to the best of my knowledge and belief

SIGNED

DATE

PRINT NAME AND POSITION HELD

FRAUD WARNING

The submission of a fraudulent or intentionally exaggerated claim or the submission of false documentation or declaration in relation to part of or the whole claim may result in voidance of your policy or refusal of your entire claim.

## SECTION F – MEDICAL REPORT

This section must be fully completed by a duly qualified registered Medical Practitioner - any fee for completion of this section is the responsibility of the Claimant.

Claimant's Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Are you the Claimant's usual medical attendant?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If YES, for how long?	<input type="text"/>		
When did the claimant first consult any Doctor for the present injury/illness?	<input type="text"/>		
When was the last time the claimant consulted you?	<input type="text"/>		
Has the current condition been caused by an accident?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>If YES, please complete Part 1 - Accident, If NO, please complete Part 2 - Sickness.</b>			

### PART 1 – ACCIDENT

Accident circumstances:

Nature and extent of injuries sustained:

Are the symptoms from which the claimant suffers due to the accident alone?

Yes ☐ No ☐

If NO, please give details of anything in the claimant's previous history which might have contributed directly or indirectly to this injury or the symptoms:

Are you aware of anything in the claimant's previous history which may delay recovery in any way?

Yes ☐ No ☐

If YES, please give details:

## SECTION F – MEDICAL REPORT (Continued)

### PART 2 – SICKNESS

Please describe the nature of the illness/condition:

Please state origin/cause if known:

Please state history of condition confirming date symptoms arose:

Are you aware of anything in the claimant's previous history which may have contributed directly or indirectly to the onset of this illness/condition? Yes ☐ No ☐

If YES, please give full details:

Is there anything which may delay recovery?

### PART 3 – GENERAL (to be completed by medical practitioner for all claims)

Is the incapacity related to more than one complaint? Yes ☐ No ☐

If YES, please give details:

Are you prepared to certify that the claimant is/has been TOTALLY disabled from attending to his/her business or occupation as a:

<input type="text"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If so, what date did TOTAL disablement commence?

Has TOTAL disability been continuous since this date? Yes ☐ No ☐

If NO, please give details:

## SECTION F – MEDICAL REPORT (Continued)

### PART 3 – GENERAL (to be completed by medical practitioner for all claims) (Continued)

Please state the date the claimant was fit to return to work:

If the claimant is now PARTIALLY disabled, please state the date TOTAL disablement ceased:

If the claimant is PARTIALLY disabled, what portion of duties do you feel the claimant is capable of attending to?

If the claimant is still incapacitated, please state the expected further duration of disability:

Please give details of any ongoing medication/treatment/investigations:

Have you or do you intend to refer the claimant for other medical opinion/treatment?

General remarks:

**I certify that the information I have given is correct.**

SIGNED

DATE

Position held in Hospital:

Qualifications:

Please use validation stamp or complete in block capitals:-

Hospital Name:

Address:

Telephone No:

VALIDATION STAMP

**Thank you for your assistance in completing this form.**

## YOUR RIGHTS/ACCESS TO MEDICAL REPORTS ACT 1988

### Access to your medical information

**We need information about your health from your doctor to support or check the details provided to us as part of this claim. This form explains how we obtain your medical information, why we need it, and gives important information about your rights. You'll need to sign it and return it to us. You don't have to do so, but if you don't we may be unable to process this claim or proceed with any benefits for a claim already in existence.**

### What information we need and why we need it

We need your consent to ask your doctor for a report containing specific medical information about your health, to review your claim and to consider whether your reported injury or illness is covered by your policy.

We do this under the Access to Medical Reports Act 1988 (or if you live in Northern Ireland or the Isle of Man, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 respectively). This is specific legislation which allows insurers, like Aviva, and our claims processors to, with your consent, obtain a medical report which helps us to review your claim in full.

Once we've got the report, we may need to ask for supplementary records (such as specialist letters or x rays) from your doctor to give us any additional information we need to fully assess your claim.

Please be assured that we'll only ask for, and only take into account, the medical information that we need for the claim you are making. We respect the confidentiality and privacy of your information and will ensure that your medical information isn't kept for longer than is necessary and is safe in our hands.

### What you need to know

- By signing this form, you give consent to Aviva, who is the insurer of your policy, to request a medical report from your doctor.
- We'll use this form as proof that you've given your consent to request a medical report from your doctor.
- You can withdraw your consent at any time before your doctor sends the medical report to us. If you do change your mind, we may be unable to process your claim or proceed with benefits for a claim already in existence.
- You can ask your doctor to send a copy of the medical report they are preparing before they send it to us. If you would like them to do this, let us know and we'll tell your doctor so they can keep the report for you. You will then have 21 days to arrange to see it with your doctor's surgery. Your doctor will send it to us, unless you tell us that you are withdrawing consent to access the report.
- You can ask your doctor for a copy of the medical report at any time. They should keep a copy for up to six months after sending it to us. If you would like to see a copy of the report at a later date, we can send them a copy to pass on to you.
- If you think any part of the medical report is incorrect or misleading, you can ask your doctor to amend it. If your doctor refuses, you can ask them to attach a statement outlining your views to the report.
- Your doctor can withhold access to the medical report if they feel it would cause physical or mental harm to you or others.

### What types of medical information we ask for

We'll ask your doctor to prepare a medical report containing information about:

- your medical history, including details of any relevant illnesses, trauma, hospital admissions, medical consultations, referrals, tests or investigations and treatments you may have had; and
- your current state of health including any care, medication or treatment you're receiving and the results of any referrals or tests you're waiting for.

We won't ask your doctor to include information about:

- Negative tests for HIV, hepatitis B or C;
- sexually-transmitted diseases – unless there could be long-term effects on your health; or
- predictive genetic test results.

If this information is included in the medical report, we won't take it into account when considering a claim except for:

- genetic tests for Huntington's disease, but only when the total amount of your life cover is more than £500,000.
- favourable genetic test results, if they show that you haven't inherited a condition your family suffers from.

I wish to see the report before it is sent to the company\*

☐

I do not wish to see the report before it is sent to the company\*

☐

\*Please tick one box only

YOUR RIGHTS/ACCESS TO MEDICAL REPORTS ACT 1988 (Continued)

More information

If you have any questions about your rights under the Access to Medical Reports Act 1988 or the process of getting, assessing or storing medical information, please write to: Chief Medical Underwriter, Aviva, Wellington Row, York, YO90 1WR.

If you want to know more information generally about how Aviva uses your personal data and your rights in relation to it, please refer to the Data Protection Privacy Notice that you should have received when you applied for the policy or you can view the full Privacy Policy at: [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy), or request a copy by contacting Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

CONSENT TO OBTAIN A MEDICAL REPORT

By signing this form, I confirm that:

- I am  (Full Name)
- I've read this form and am happy to consent to Aviva, seeking a medical report (and, if required, supplementary medical information as part of the report) from my doctor regarding my physical and/or mental health so that you can process this claim.
- I am aware that I may contact you at any time to withdraw the above consent.

SIGNED

DATE

NAME (Please print)

POLICY NO

## Data Protection – Privacy Notice

### Personal Information

We collect and use personal information about you so that we can provide you with a policy that suits your insurance needs. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our full privacy policy at [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester LE7 1PD.

The data controller responsible for this personal information is Aviva Insurance Limited as the insurer of risks situated within the UK and other countries excluding the EEA and Aviva Insurance Ireland Designated Activity Company as the insurer of risks situated within EEA countries and any applicable reinsurers.

### Personal information we collect and how we use it

We will use personal information collected from you and obtained from other sources:

- to provide you with insurance: we need this to decide if we can offer insurance to you and if so on what terms and also to administer your policy, handle any claims and manage any renewal,
- to support legitimate interests that we have as a business:
  - we need this to manage arrangements we have with reinsurers, for the detection and prevention of fraud
  - We also use personal information about you to help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make correlations about our customers to improve our products and to suggest other products which may be relevant or of interest to customers, which includes marketing products and services to you,
- to meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims, and
- to carry out other activities that are in the public interest: for example, we may need to use personal information to carry out anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example family members you wish to insure on a policy. If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.

The personal information we collect and use will include name, address, date of birth and financial information. If a claim is made we will also collect personal information about the claim from you and any relevant third parties. We may also need to ask for details relating to the health or any unspent offences or criminal convictions of you or somebody else covered under your policy. We recognise that information about health and offences or criminal convictions is particularly sensitive information. Where appropriate, we will ask for consent to collect and use this information.

If we need consent to use personal information for a specific reason, we will make this clear to you when you complete an application or submit a claim. If you give us consent to using personal information, you are free to withdraw this at any time by contacting us – refer to the “Contacting us” details below. Please note that if consent to use this information is withdrawn we will not be able to continue to process the information you gave us for this/these purposes(s). This would not affect our use of the information where consent is not required.

Of course, you don’t have to provide us with any personal information, but if you don’t provide the information we need we may not be able to proceed with your application or any claim you make.

Some of the information we use as part of this application may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

### Credit Searches

To ensure we have the necessary facts to assess your insurance risk, verify your identity, help prevent fraud and provide you with our best premium and payment options, we may need to obtain information relating to you at quotation, renewal and in certain circumstances where policy amendments are requested. We or our agents may:

- undertake checks against publicly available information (such as electoral roll, country court judgments, bankruptcy orders or repossessions(s)). Similar checks may be made when assessing claims,
- carry out a quotation search from a credit reference agency (CRA) which will appear on your credit report and be visible to other credit providers. It will be clear that this is a quotation search rather than a credit application.

The identity of our CRA and the ways in which they use and share personal information, are explained in more detail at [www.callcredit.co.uk/crain](http://www.callcredit.co.uk/crain).

## Data Protection – Privacy Notice (Continued)

### Automated decision making

We carry out automated decision making to decide whether we can provide insurance to you and on what terms. In particular, we use an automated underwriting engine to process the personal information you provide as part of this application process. This will include your age and the level of cover you choose. We do this to calculate the insurance risk and how much the cover will cost you. Without this information we are unable to provide a price that is relevant to your individual circumstances and needs. We regularly check the way our underwriting engine works to ensure we are being fair to our customers. After the automatic decision has been made, you have the right to speak to someone from Aviva who may review the decision and provide a more detailed explanation. If you wish to invoke this right please contact us at [dataprt@aviva.com](mailto:dataprt@aviva.com) or call us on 0800 158 3993.

### How we share your personal information with others

We may share your personal information:

- with the Aviva group, our agents and third parties who provide services to us, and your intermediary and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators) to help us administer our products and services,
- with regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation,
- with other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes,
- with reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with may be located outside of the European Economic Area (“EEA”). We’ll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

### Marketing

We also use personal information we hold about you across the Aviva Group to help us identify and tailor products and services that may be of interest to you. We will only communicate with you in accordance with any marketing preferences you have provided to us. We will continue to do this after your policy has ended.

If you wish to amend your marketing preferences, change how you would like us to communicate with you or tell us to stop marketing to you, you can do so in the following ways:

- Update in MyAviva
- Contact us by:
  - phone: 01603 622200 or +44 1603 604999 (from abroad)
  - email: [helpdesk@aviva.co.uk](mailto:helpdesk@aviva.co.uk)
  - Post: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

### How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it for the purposes explained in this notice. We need to keep information for the period necessary to administer your insurance and deal with claims and queries on your policy. We may also need to keep information after our relationship with you has ended, for example to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes. We will also use this information for marketing purposes.

### Your rights

You have various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they are no longer required, object to use of personal information based on legitimate business interests including profiling and marketing, ask not to be subject to automated decision making if the decision produces legal or other significant effects on you, and data portability. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us – refer to the “Contacting us” details below.

### Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection team by either emailing them at [dataprt@aviva.com](mailto:dataprt@aviva.com) or writing to the Data Protection Officer, Level 4, Pitheavlis, Perth PH2 0NH.

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

Risks situated within the UK are underwritten by Aviva Insurance Limited. Registered in Scotland, No. 2116. Registered Office: Pitheavlis, Perth PH2 0NH.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation  
Authority and our firms reference number is 202153.

Risks situated within the EEA are underwritten by Aviva Insurance Ireland Designated Activity Company.

Aviva Insurance Ireland Designated Activity Company is authorised by the Central Bank of Ireland and regulated for conduct of business in  
the United Kingdom by the Financial Conduct Authority. Registered Branch Office in England No. FC035511  
Registered Branch Address: St Helen's, 1 Undershaft, London EC3P 3DQ.