



IMPORTANT INFORMATION WHEN MAKING A CLAIM

Incomplete claim forms may cause delay in the assessment of your claim.

If you are a company employee and were made redundant please send either an original or certified copy of your redundancy letter.

If you are self employed or a company director you need to prove that you or your business has ceased trading and has been formally wound up by a qualified accountant.

If you are on a fixed term or short term contract you must provide us with a full copy of the contract.

You must provide any other details we request that relates to your claim before we will consider any payments. Proof of income will need to be provided before any claim will be considered.

All costs incurred to submit this claim are the responsibility of the claimant.

Premiums must continue to be paid on the due date while you are in a claim situation if you require continuous cover.

One of our appointed representatives may visit you while you claim. Failure to see them could invalidate or seriously delay your claim.

If you qualify for any State Benefit, you should advise the Department for Work and Pensions if you are claiming under this policy. The amount of monthly benefit you receive under this policy may effect your entitlement to State Benefit. The Department for Work and Pensions will be able to provide you with all the details.

Please note that this insurance is underwritten by Allianz Insurance PLC who are authorised and regulated by the Financial Services Authority (FSA).

This insurance product is administrated by Mondial Assistance Limited who are authorised and regulated by the Financial Services Authority (FSA). Mondial Assistance (UK) Limited will act as agent for Allianz with respect to claims process.

Please note that all calls are recorded for accuracy and training purposes.

We recommend that you send your claim documents by recorded delivery.

Return your completed claim forms as soon as possible in order for us to progress your claim as quickly as we can. Return forms to Claims Department, BMW Protect Services, PO Box 1852, Croydon, CR9 1PW.

We strongly recommend that you keep copies of your completed claim form and all other supporting documents.

BMW Carer Claim For - Please Complete in Block Capitals

POLICYHOLDER DETAILS (TO BE COMPLETED BY CLAIMANT)

Policy Number

Title

Last Name First Name(s)

Address

Post Code

Home Telephone Number

Mobile Telephone Number

Email Address

Would you like to be contacted via email in relation to your claim?

Date of Birth National Insurance Number

Do you have any other income protection or payment protection insurances?

If yes, please attach name, address and telephone number of insurer and the monthly benefit amount.

EMPLOYMENT DETAILS (TO BE COMPLETED BY CLAIMANT)

Please give details of your employment history for the previous 12 months prior to your unemployment.

Name, address and telephone number of employer	Dates		Type of employment Permanent, Temporary, Self Employed
	From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What was your occupation immediately prior to your unemployment?

What was the reason for your unemployment?

Employment start date

Employment end date

BMW Carer Claim For - Please Complete in Block Capitals

IN ORDER TO MAKE A VALID CARER CLAIM WE WILL NEED EVIDENCE THAT YOU ARE REQUIRED TO CARE FOR A MEMBER OF YOUR IMMEDIATE FAMILY, IN RECEIPT OF CARERS ALLOWANCE AND YOU WERE NOT AWARE OF THE NEED TO BECOME A CARER AT THE START DATE OF THIS POLICY.

PLEASE SUPPLY US WITH PROOF FROM THE DEPARTMENT FOR WORK AND PENSIONS OR A COPY OF YOUR BANK STATEMENT THAT CONFIRMS YOU ARE IN RECEIPT OF CARERS ALLOWANCE.

POLICYHOLDER BANK ACCOUNT DETAILS (TO BE COMPLETED BY CLAIMANT)

Please give Bank Account details, for the purpose of benefit payments.

Account Number

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Sort Code Number

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Please give the name and address of your Bank or Building Society.

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Postcode

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BMW Carer Claim For - Please Complete in Block Capitals

EMPLOYMENT DETAILS (TO BE COMPLETED BY LAST EMPLOYER/CONTRACTOR)

Full name of employee

National Insurance Number

How many hours was the employee contracted to work per week?

Please state if employment was permanent, temporary, for a fixed term, seasonal or other.

What was the employee's occupation immediately prior to being made unemployed?

Employment start date

Employment end date

What date was the employee first notified of impending unemployment, either verbally or in writing?

Reason for unemployment, e.g. redundancy, resignation.

Was the employee working on a fixed term contract, if so please give details.

Dates of contract From To

Was the contract renewed? How many times?

Signed

Company Stamp

Please print name

Position Held

Date

BMW Carer Claim For - Please Complete in Block Capitals

CARER CLAIM FORM CHECKLIST

Please check you have included all the requested information.

Have you completed all parts of your personal and employers details?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If self employed or a contract worker has all relevant documentation been included?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your previous employer completed the form attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you attached evidence you are in receipt of Carer Allowance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you included a copy of your P60 or last tax assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

APPLICATION DECLARATION

I hereby declare that all information supplied is true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the assessment of my claim. I consent to the seeking of information from any person/organisation as deemed necessary by the insurers to verify the answers provided.

I understand and agree that information regarding my claim may be shared with other parties for fraud prevention purposes, and that I consent to my claim being investigated as part of this process.

DATA PROTECTION ACT 1998 - I hereby consent to any information about me being processed for the purposes of providing insurance and claims handling, which may necessitate the provision of such information to third parties.

Signed

Please print name

Date