

New Claim Notification for BIS Scheme for (Practice Name and Policy Number) (BIS to Complete)

1. Name of Claimant / Insured Person: (as per the schedule) (BIS to Complete)	
2. Date of Birth of Insured Person:	
3. Reason for claim (accident / illness / additional benefits) (BIS to Complete)	
3a. If the claim is for an accident:- (i) Date and time of accident (ii) Details of accident and injury (iii) Date the insured stopped working (iv) Date the insured is expected to return to work (If known) (v) Was injury caused by a third party? If yes, please provide details.	(i) (ii) (iii) (iv) (v)
3b. If the claim is for an illness:- (i) Date the symptoms first appeared (if known) (ii) Details of the illness (iii) Date the insured stopped working (iv) Date the insured expects to return to work (If known) (v) Has the insured had this condition before? (If known) If yes, please provide details	(i) (ii) (iii) (iv) (v)
4. Policy wording and Schedule attached: (BIS to complete)	
7. Copy of Completed access to medical records attached: (BIS to Complete)	
8. Copy of Maternity forms attached (if applicable): (BIS to Complete)	
9. Copy of Fitness to work certificates and medical reports attached (if applicable): (BIS to Complete)	
10. Practice Contact Details: (BIS to Complete)	
11. Additional Notes: (BIS to Complete)	

Authorised Signatory Declaration - To be completed by the Authorised Signatory and on behalf of the Policyholders/Practice		
<p>The company, its agents and business partners may contact anyone who can give them information relevant to the claim. I confirm that the information that I have given is true and if any of the information given by me (or anyone on my behalf) is incorrect, I agree that such inaccuracy may cause me to forfeit my rights under the policy.</p> <p>In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.</p> <p>I have read and fully understood the above declaration.</p>		
Name of Authorised Signatory	Claimant Signature	Date of Signature
Position at Practice:		

Payment Details – (To be completed by the Authorised Signatory)

<p>In the event that your claim is accepted and any payments are due to be made please select how you wish for the payment to be made:</p> <p>Direct transfer to your account: <input type="checkbox"/></p> <p>Cheque made payable to you <input type="checkbox"/></p>	
Name and Address of Bank:	
Account Holders Name:	
Sort Code:	
Account Number:	
Full Name (On Behalf of the Practice):	
Signature:	
Date:	

<p>Data Protection Notice</p> <p>Personal Information – means information that identifies and relates to you or other individuals (e.g. your dependents). By providing Personal Information to us, you give us permission for its use as described below. Please contact us on enquiries@bisltd.net for full details about our use of Personal Information and Privacy Notice.</p> <p>When providing us with Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.</p> <p>Types of Personal Information we may collect and why</p> <p>Depending on our relationship with you, Personal Information collected may include:</p> <ul style="list-style-type: none"> - identification and contact information, - payment card and bank account, - credit reference and scoring information, - sensitive information about health or medical condition, - and other Personal Information provided by you. <p>Personal Information may be used for the following purposes:</p> <ul style="list-style-type: none"> - Insurance administration, (communications, claims processing and payment) - Decision-making on provision of insurance cover and payment plan eligibility, - Assistance and advice on medical and travel matters, - Management and audit of our business operations, - Prevention, detection and investigation of crime, (fraud and money laundering) - Establishment and defence of our legal rights, - Legal and regulatory compliance, including compliance with laws outside your country of residence, - Monitoring and recording of telephone calls for quality, training and security purposes. <p>Sharing of Personal Information</p> <p>Personal Information may be shared with our group companies, Brokers and other distribution parties, Insurers and Reinsurers, Credit Reference Agencies, healthcare professionals and other service providers. Personal Information may be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim.</p> <p>Security and retention of Personal Information</p> <p>Appropriate legal and security measures are used to protect Personal Information. All third-party service providers are also selected carefully and required to use appropriate protective measures. Personal Information will be retained for the period necessary to fulfil the purposes described above.</p> <p>International transfer</p> <p>Due to the nature of our business, Personal Information may be transferred to parties located in other countries with different data protection laws than in your country of residence.</p> <p>Data requests</p> <p>To request access to or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: enquiries@bisltd.net and marked for the attention of the Data Controller.</p> <p>DECLARATION I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution. I give permission for my Personal Information to be used and shared in the ways described above. I confirm that I will not provide any Personal Information about another person without that person's permission.</p>
