

**Section D – Payment Details**

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

Direct transfer to your account:

Cheque made payable to you:

If direct transfer selected please confirm the following details:

Name and address of bank:

Account holders name:

Sort Code:

Account Number:

**Section E – Data Protection Act**

By signing this claim form you consent to Van Ameyde using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**Section F – Declaration**

I declare that the details given on this form are true and complete to the best of my knowledge. I have understood that some of the information provided will be made available to other insurers for Underwriting and Claims Handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided, and I authorise the giving of such information.

Full Name:

Signature:

Date: