

Student Personal Accident

CLAIM FORM



中国太平
CHINA TAIPING

Policyholder's Full Name:

Policy Number:

Date of Birth:

Sex:

Email Address:

Phone Number:

UK Home Address:

Claim Number (Company Use only):

ACCIDENT INFORMATION

Place of Accident:

Accident Date and time:

Address of Accident place:

Circumstances of injury:

Body Part injured:

Nature of Injury:

Please give name and address of all witness to the accident:

Do you have any other insurance that may cover this loss?

(if so please advise name of insurer and policy number)

Details of Claim:

Please give details of any claim made upon you or enclose any correspondence that you may have received or sent or anything agreed

PLEASE NOTE:

You must contact the Emergency Assistance Service **immediately** in the event of any accidental bodily injury or illness which may lead to in-patient hospital treatment or before any arrangements are made for repatriation necessitating the insured's early return to their place of residence.

DECLARATION:

I declare that to the best of my knowledge and belief that the particulars above are all true and accurate and understand that cover may be invalidated if this isn't the case.

Date:

Signature:

Full Name:

DATA PROTECTION

We may use the personal and business details including any details of directors, officers, partners and employees (whose consent you must obtain) provided by you to:

- offer you a quotation, handle claims and any mid term adjustments
- search credit scoring and fraud agencies who may keep a record of the search
- share with other insurance organisations for reinsurance purposes, statistical analysis, and to prevent fraud

We may need to collect and process sensitive data (such as medical history of the person insured etc.) for the purpose of assessing and pricing the risk and/or to deal with claims.

If your policy includes Employers Liability cover we will provide information relating to your policy to the Employers Liability Tracing Office i.e. ELTO which will then be added to an electronic database managed by ELTO as set out by the Employer's Liability Insurance; Disclosure by Insurers Instrument 2010. Further information can be found on the ELTO website www.elto.org.uk

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information we hold about them. Please contact Compliance, China Taiping Insurance (UK) Co Limited, 2 Finch Lane, London, EC3V 3NA or by email at compliance@uk.cntaiping.com.

We may share your personal information with any member of the China Taiping Group of Companies outside the EEA. Such staff maybe engaged in, among other things the fulfilment of our services to you, the processing of your payment details and the provision of administration and support services.

We may share your information with selected third parties including:

- 1- other insurance companies, reinsurers and your intermediary
- 2- professional advisers, suppliers, service providers and sub-contractors (including payment processors, surveyors, auditors, claims handlers, investigators and loss adjusters) to perform any contract we enter into with them or you
- 3- regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes
- 4- analytics and search engine providers that assist us in the improvement and optimisation of our website
- 5- if we are under a duty to disclose or share your personal data in order to comply with or enforce any legal obligation, or our Terms of Business Agreement, or to protect the rights, property, or safety of us or any member of the China Taiping Group of Companies, our customers, or others. This includes exchanging information with other companies and organisations for the purposes of fraud prevention and detection protection.

By submitting your personal data, you agree to this transfer, storing or processing.

We will take all steps reasonably necessary to ensure that your data is treated securely accordance with all principles of English law.

By applying for or entering into this insurance policy you will be deemed to specifically consent to the use of your data for these purposes and in the above described manner and you confirm that your directors, partners and employees have all consented to our using their details in this way.

Declaration

You declare that:

- 1- All material facts and information contained above are correct and complete including the reasonable searches made by you and you have declared all facts.
- 2- You have read the above and understand your duty to make a fair presentation and consequences of breach of such duty.
- 3- You agree to our standard policy wording, a copy of which can be provided on request.
- 4- You have read the Data Protection statement above and you agree to your data being used for the purposes specified including for a financial health check by a credit reference agency where deemed necessary.

Authorised Signature:

Date:

Position/Title:

Name: