

## Civil Matters Claim Form

Addept aim to deal with your claim as quickly as possible. To enable us to do this, please complete this claim form and email it back, without delay to: -

[claims@addeptgroup.co.uk](mailto:claims@addeptgroup.co.uk)

### IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. If your claim arises from misconduct allegations and/or criminal investigations **DO NOT** complete this claim form. There is a separate form available from your Federation Representative for you to complete and return to the Federation office for accelerated processing. **This is extremely important**, as there are often strict time limits that have to be complied with in responding to any written notifications that have been received from Professional Standards or other investigating authorities e.g. a Regulation 17 Notice, charge sheet or summons.
2. **Any delay could prejudice your position.**
3. For all other matters, please include copies of all correspondence with any parties regarding your claim. This will enable us to consider your claim promptly.
4. There is no cover for any legal fees incurred until your claim is accepted.
5. The claim cannot be accepted until this claim form is returned and assessed by Addept.
6. Only legal fees incurred by Addept's panel solicitors will be covered under this insurance.

Please complete this form with as much details as possible.

### Section 1: Member Details

Member name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Warrant number:	
Name of your federation representative:	
Police force:	

### Section 2: Insurance Cover Validation

Date member joined the federation legal expenses scheme:	
Has the member paid their monthly premium continuously since they joined?	Yes/No
If no, when did the payments stop?	
Any other relevant information:	

### Section 3: Claimant Details (If Different to The Member)

Claimant name:	
Address:	
Date of birth:	
Telephone/mobile number:	
Email address:	
Relationship to member:	

### Section 4: Details of the other party

Name of the person that you are in dispute with:	
Address:	
Telephone/mobile number:	
Email address:	
Does the claimant have any other insurance policies which may cover this matter? If yes, please provide details:	

### Section 5 Details of The Dispute

Please indicate the area which, in your opinion, this claim relates to:

IOPC Complaints	Yes/No
Representation at Public Enquiries and Inquests	Yes/No
Wrongful Arrest	Yes/No
Discrimination	Yes/No
Fund Trustees	Yes/No
Personal Injury	Yes/No
Employment Disputes	Yes/No
Consumer Disputes	Yes/No
Property Disputes	Yes/No
Tenancy Disputes	Yes/No
Property Damage and Motor Uninsured Loss Recovery	Yes/No
Tax	Yes/No
Data Protection	Yes/No
School Admission Disputes	Yes/No
Probate	Yes/No
Personal Identity Fraud	Yes/No
Motor Insurer Database Disputes	Yes/No
Social Media Defamation	Yes/No
Vehicle Cloning	Yes/No

### About Your Claim

Have you obtained legal advice from the helpline?  
If Yes, please provide details:

Yes/No

Are you defending or making a claim against your opponent?

Defending/Making

If you are defending a claim, do you have a counterclaim against your opponent?  
If Yes, please give details:

Yes/No

Provide brief details of the dispute:  
Continue on a separate sheet if necessary.

What do you hope to achieve using legal action?  
e.g. remedy sought, amount claimed

**Details of the Circumstances Giving Rise to the Claim**

Advise when and how you first became aware of the circumstances giving rise to the claim:

Please note that if you were aware of the circumstances before your insurance started, you will not be covered.

If you want to defend a legal action brought against you, please advise when and how you first became aware of possible legal action:

If you have already notified us of this claim e.g. via the legal helpline, what was the date, and, if there were any delays in notifying us, please explain the reason why:

## Data Protection

I declare that the information supplied in this form and the documents sent in support of this claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a claim at the time of taking out the cover.

Addept Insurance Services Ltd are committed to protecting and respecting your privacy in accordance with the General Data Protection Regulations. Any personal or special category (sensitive) information provided in this claim form or throughout the handling of this claim will only be used in accordance with our privacy statement which can be found at [www.addeptgroup.co.uk](http://www.addeptgroup.co.uk).

We may need to share your personal or sensitive information with other organisations. We will not disclose your personal or sensitive information for any purpose other than the purpose for which it was collected.

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to Addept Insurance Services Ltd any information it reasonably requests from them, relating to my claim.

Signed by the claimant:	
Print name:	
Date:	