

# COMMERCIAL CLAIM FORM



## CLAIMS HELPLINE – 0118 930 6130

Please take care to complete all relevant sections in block capitals only. If you require more room, please continue on a separate sheet. Please ensure that the declaration at the end of the form is completed as we cannot accept a claim without this.

### SECTION 1 – DETAILS

Full name:

Position:

Name of business:

Date of birth:

Address:

Telephone number: (please tick preferred contact number):

Home:

Work:

Postcode:

Mobile:

Email address:

Vat number:

### SECTION 2 – YOUR POLICY

Name of Policyholder:

Policy number:

TFA Membership number:

Date your policy started:

Do you hold any other insurance which may cover this claim?

If yes, please give details of the insurer and policy number:

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## SECTION 3 – YOUR OPPONENT

Opponent's name(s):

Opponent's address:

Telephone number:

Email address:

Opponent's representative (if known):

## SECTION 4 – YOUR OPPONENT

What type of claim is it?

When did the problem first arise?

Have you received advice from the Legal Advice Helpline?  Yes  No

If "yes", please provide details below (if known):

Date of Call	Name of Advisor
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you had any correspondence with your opponent in relation to this dispute?  Yes  No

If "Yes" please attach copies to this form.

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## SECTION 5 – DETAILS OF YOUR CLAIM

A large, empty rectangular area with a light purple gradient background, intended for the claimant to provide details of their claim.

Continue on a separate sheet if necessary.

Names and addresses of any witnesses  
who can support your claim:

A rectangular area with a light purple gradient background, intended for listing the names and addresses of witnesses who can support the claim.

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## SECTION 6 – YOUR DECLARATION:

All data supplied by you will be processed and handled in accordance with the Data Protection Act 1998 legislation which is directly applicable in the United Kingdom for the holding, loss or unauthorised disclosure of personal data. In order to handle your claim and administer your policy this personal information, including sensitive data, may be passed to relevant third parties such as lawyers, experts or other professionals to assist in dealing with the claim. By signing this declaration you consent to the sharing of this information when it is appropriate and necessary to do so.

I confirm that I will allow Legal Protection Group to inspect the files held by the Solicitor who is acting for me in relation to this claim at any time upon giving reasonable notice.

I declare, to the best of my knowledge and belief, that all the information provided in this form and in any other documentation provided to Legal Protection Group in connection with this claim is true and complete. I was not aware that this claim existed at the time I purchased this policy.

I confirm that I am duly authorised by the policyholder to make this claim.

Signed:

Date:

Print full name:

## GUIDANCE NOTES:

Please return this form to us as quickly as possible with all sections completed clearly in black ink. If any section is not completed or supporting documentation is not provided your claim may be delayed.

Please send us copies of all correspondence and documents that you have in relation to your dispute. You should keep the original documentation.

**Please note that under the terms of your policy you should not instruct a solicitor or other representative without our written agreement and any costs or expenses incurred prior to acceptance of this claim will not be covered under the policy.**

Please refer to the section “What to do if you need to make a claim” of your policy document for further information.

Completed claims forms should be returned to:

Legal Protection Group Claims  
Tenant Farmers Association  
5 Brewery Court  
Theale  
Reading  
RG7 5AJ