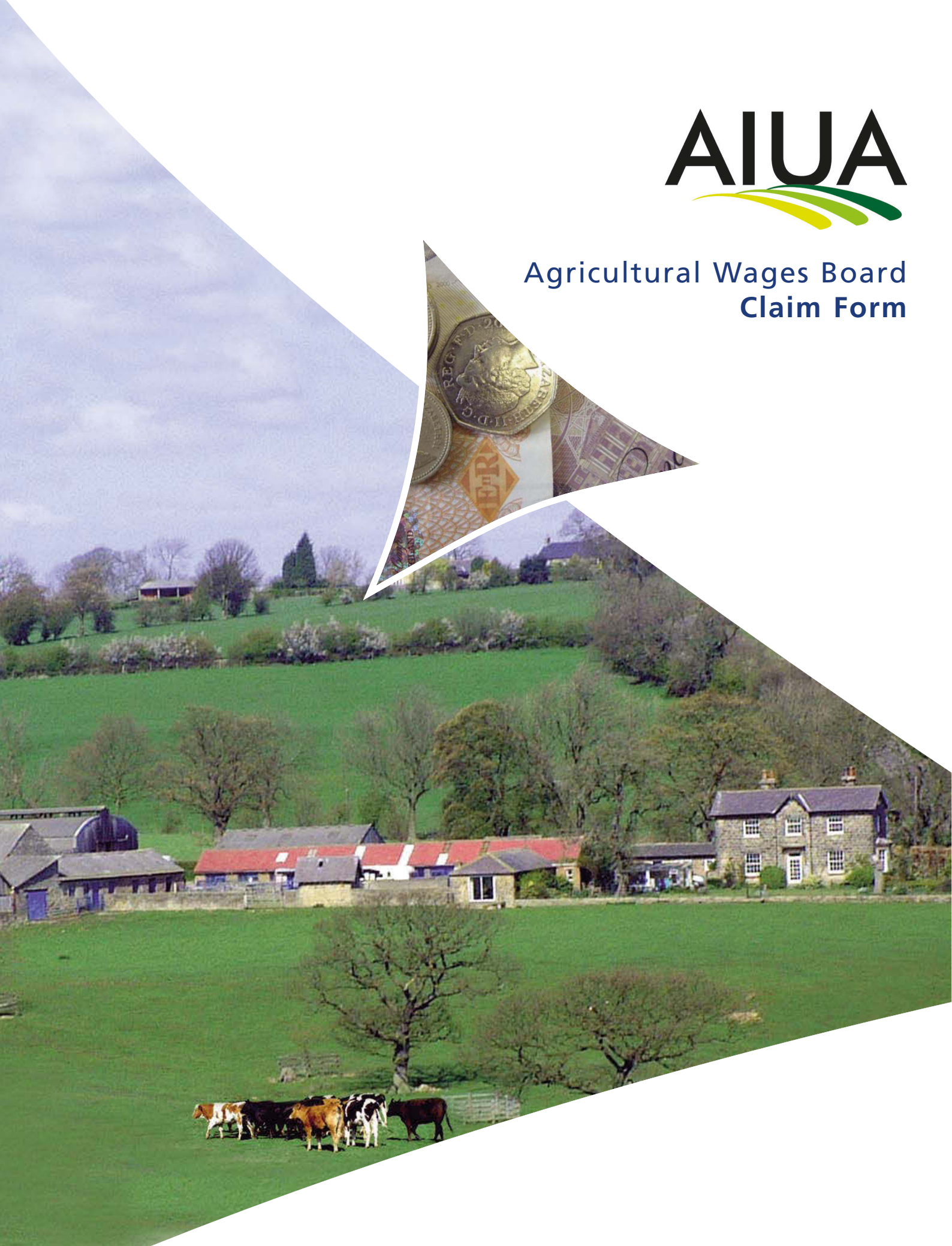




Agricultural Wages Board Claim Form



Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.	<input type="text"/>	Policyholders Name	<input type="text"/>
Insured Person's Surname <i>(including any titles)</i>	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

Employee details	
Name of employee	<input type="text"/>
Address	<input type="text"/>
Date of Birth	<input type="text"/>
Is the employee a Partner in the Insured Business?	<input type="text"/>
Date employment commenced	<input type="text"/>
Agricultural Wages Board Craft Grade	<input type="text"/>
Number of days employee is contracted to work	<input type="text"/>
Number of hours contracted to work per week excluding overtime	<input type="text"/>
Number of hours of any additional guaranteed overtime per week	<input type="text"/>
Where guaranteed overtime is to be considered, please support this document with a copy of the employees contract or wage slips for the 13 weeks period immediately prior to the onset of the injury/illness	

Absence details		
Date ceased work		Date resumed work
Cause of absence		
If an accident, how did this occur?		
What activity was being undertaken prior to the activity?		
If injured was the accident during normal working hours?	Yes	No
If 'no' confirm whether the employee was travelling to or from work?		
Has the employee been absent in the past 12 months?	Yes	No
If 'yes' please give full details		
Please state amount of Statutory Sick Pay (SSP) being reclaimed per week		£
If unable to reclaim SSP, please state why		

PLEASE PROVIDE CONTINUOUS SICK NOTES COVERING THE EMPLOYEE'S PERIOD OF ABSENCE. IF ABSENCE WAS DUE TO AN ACCIDENT, PLEASE PROVIDE A COPY OF THE ACCIDENT REPORT BOOK

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed Date

AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk

AIUA is a trading name of Geo Underwriting Services Limited
Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN
Registered in England No. 4070987
Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400
V1 02/18 Classified *Public*



IMPORTANT NOTICE TO ALL CLAIMANTS

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.

Geo Underwriting Services Ltd utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	
Claims Reference	

AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk

AIUA is a trading name of Geo Underwriting Services Limited
Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN
Registered in England No. 4070987

Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400

V1 02/18 Classified *Public*