



AXA Partners CLP
Unit I, 2nd Floor
Building 7 Chiswick Park,
566 Chiswick High Road,
London W4 5HR

Your Declaration

Please complete and sign this consent form in order for us to process your claim.

Claimant Information

Claimant's Name:	
Claimant's Address:	
Date of Birth:	

Your Declaration

I declare that I have become eligible to make a claim under the terms of my policy and claim benefit accordingly. I certify that, to the best of my knowledge, the above information is true and correct. I understand that if any information provided by me is found to be deliberately misleading or incorrect, this claim may be rejected and my policy may be treated as invalid. In such circumstances, I also understand that I will have to repay any benefit that I have received to date and that legal action could be taken against me.

I authorise AXA to make any enquires and obtain any information they consider relevant from any doctor(s), employer(s), ex-employer(s), Employment Service/Benefit Agency, Her Majesty's Revenue & Customs ("HMRC") or elsewhere. I understand that I must provide evidence to AXA to prove my claim. I accept that it is my responsibility to disclose all information necessary to HMRC and to meet any tax liabilities that may arise on claim payments.

I understand and give explicit consent that the sensitive health and other information I provide about myself will be used by AXA, its agents and associated companies, other insurers, regulators, industry and public bodies (including the police) and agencies to process this insurance and any other insurance, handle claims and prevent fraud. This may involve the transfer of such information to other countries (including those outside the EEA which have limited or no data protection laws). AXA has taken steps to ensure that your information is held securely.

You have the right to access your personal data held by AXA. If you believe that your personal data held by AXA is inaccurate you have the right to ask for this to be rectified.

Name (PRINT):	
Signature:	
Date (dd/mm/yy):	