

IED/2PZ

OFFICE USE ONLY
CLAIM NUMBER

PRICE PROTECTION CLAIM FORM

How to claim

- Please ensure that for every item you are claiming, you send us the original purchase receipt. 1
- 2 If any of the item(s) you are claiming for have been reduced by £50 or more, please obtain a completed Price Verification Form from your retailer. Items under £50 will be verified with the retailer's head office.
- Complete this claim form, referring to the section headed "How to Make a Claim" in your Certificate of Insurance. 3
- Use black ink when completing the claim form. 4
- Send the claim form and attachments to: 5 AXA CLP (part of AXA) Unit 1, 2nd Floor **Building 7** Chiswick Park Chiswick High Road London W4 5YG
- You will be notified in writing of the outcome of your claim. If your claim is successful, it will be credited directly to your 6 storecard account.
- For assistance with your claim, call 0370 400 4704.

		Your details	
1	Title Mr Mrs Miss Other	5	Home Telephone Number
2	First Name	6	Mobile Telephone Number
3	Surname	7	Date of Birth
4	Address	8	Account Number (If more than one please detail below)
	Postcode		

Notification and Declaration

Notification

to consented I now consent to any information which I provide or have provided whether on this form or otherwise, being shared with other insurers, only for the purpose of preventing fraudulent claims.

Your declaration

- The information I have given is true. If any of the information I have given or given on behalf of me is incorrect, I understand that you will be able to take away my rights under my policy.

 I agree that any retailer or anyone else you ask, can give you information about me for this claim.

 I understand I must give AXA Partners SAS (part of AXA) evidence to prove that my claim is valid. I understand I must give HM Revenue & Customs all the information they need and pay any tax they
- ask on my claim payment.

 Copies of this declaration will be legally valid.

Use of personal information

Use of personal information
To provide our services as an insurer, AXA Partners SAS will need to collect and use personal information. This makes us a data controller. The types of personal information that we collect and our uses of that personal information will depend on your relationship with us but will include details such as name, address and contact details. If relevant, it will also include "special category data" (e.g. data concerning health) and information relating to criminal convictions and offences. The purposes for which we use your personal information will include assessing your insurance application and providing a quote; providing your insurance policy; handling claims; and preventing and detecting crime and fraud. We may obtain your personal information from or share it with third parties such as our distribution partners, other insurers, services providers such as medical experts, loss adjusters and claims handlers, our group companies, the police and other law enforcement agencies, fraud and crime prevention and detection agencies, databases and registers, publically available sources and certain regulatory bodies for the purposes described in our Privacy Policy https://en.clp.partners.axa/privacy-policy-uk Depending on the circumstances, we may transfer personal information outside the United Kingdom and the European Economic Area to countries that have less robust data protection laws. Any such transfer will be made with approprites safeguards in place. You can find out more about our use of personal information and the rights that you have in our Privacy Policy https://en.clp.partners.axa/privacy-policy-uk We recommend that you review this Privacy Policy. If you prefer, you can request a paper copy by contacting the Data Protection Officer at Email: clp.uk.dataprivacy@partners.axa Phone number: 020 8380 3000 If you provide us with personal information relating to a third party you should provide them with a copy of our Privacy Policy.

Your signature (mandatory) Date
Please print your name here

DESCRIPTION OF PROPERTY REDUCED IN PRICE

(If you are claiming for more items, please continue on a separate sheet)

	dE PROPEI original item	purchased (please	tick appropriate	box)									
□ New		old as a second?	Shop	soiled?									
2) Where was the original item purchased? Retailer						3) Where was							
						Retai	ler						
Loca	tion					Loca	tion						
Othe	r			Other									
What is t	he Store Na	me shown on your	card?										
Was the	as the full purchase price paid? YES NO If No, please state amount & reason for lower price being paid												
5) Was all of the purchase price paid by Account Card? YES NO If No, please give full details													
CLO1	THING (i	ncluding acc	essories	etc.)									
Mens (M) Womens (W) Jnisex (U)	Size e.g. S/M/L 14, 16, 18	Description e.g. Jumper, Shirt, coat	Colour	Date Purch		Date seen Reduced F		Actual Price A Paid A (a)		Reduced A Price (b)		Difference * (a-b)	
				/	/	/	/	£	:	£	:	£	:
				/	/	/ /	/	£	:	£	:	£	:
				/	/	/ /	/	£	:	£	:	£	:
				/	/	/ /	/	£	:	£	:	£	:
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				/	/	/ /	/	£	:	£	:	£	:
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				/	/	/	/	£	:	£	:	£	:
				/	/	/	/	£	:	£	:	£	:
				/		TOTA	LS	£	:	£	:	£	:
OTH	ER (Elec	trical/Photog	raphic/(Comp	outei	r, etc.)						ı	
Description Date o (Including Make, Model, etc.)				Date seen Reduced F			al Price * (a)		duced *	Diff (a-k	erence •		
				/	/	/ /	7	£	:	£	:	£	:
				/	/	/ /	7	£	:	£	:	£	:
				/	/	/ /	7	£	:	£	:	£	:
			I			TOTA	LS	£	:	£	:	£	:
▲ Quote	e prices, no ain policies		excess for e	each cl	aim. 1	To determine	? YES		0 🗆			ur poli	cy.
		Your policy contains				e claim and a li Document for			s in a 12 m	onth p	eriod.		
For ev For ev You h	very item for very item red ave signed to	LIST – BEFORE YOU which you are makir uced by £50 or more his Claim Form I IS NOT PROVIDE	ng a claim, yo e you have in	ou have a cluded a	attache a Price	ed the original p Verification For	ourchase m (see	e receip paragra	t ph 2 of 'Ho	w to C	Claim')		