



AXA Partners CLP
 Unit 1, 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:	

Access to Medical Reports Act 1988	
<p>Your rights under this Act – Please read this carefully</p> <p>Before we can apply for a medical report from your doctor, we need your consent. Before giving your consent you should know that you have certain rights under the Access to Medical Reports Act 1988. Your main rights are as follows:</p> <p>a) You do not have to agree to a medical report.</p> <p>b) You can see the report before your doctor sends it to us, or during the 6 months after that.</p> <p>c) You can ask the doctor to change any of the report if you think it is wrong or misleading.</p> <p>If the doctor does not agree, you can write your comments on a sheet of paper and attach them to the report. You can also attach to the report a statement of your views on any part of it where you and the doctor do not agree and which the doctor is not prepared to change. If you ask your doctor for a copy of the report, you might have to pay for it. The doctor does not have to show you parts of the report which:</p> <ul style="list-style-type: none"> • might damage your or anyone else's physical or mental health; • would give away the doctor's intentions for treating you; or • would tell you about someone who has given information about you. (This does not apply if that person agrees to you knowing or is a health worker looking after you). <p>The doctor must tell you if he or she has not shown you part of the report. If the whole report is affected, your doctor must not send it unless you agree. If you tell us you want to see the reports before your doctor sends them to us, your doctor must show them to you first unless you fail to arrange to see them within 21 days.</p>	
<p>Please tick one box</p>	<p><input type="checkbox"/> I wish to see medical reports before they are sent to the company</p> <p><input type="checkbox"/> I do not wish to see medical reports before they are sent to the company</p>
Name (PRINT):	
Signature:	
Date (dd/mm/yy):	

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, 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 of 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):	