

PRICE VERIFICATION FORM PRICE PROTECTION CLAIMS

Please confirm the following details in order that we can validate this Price Protection Claim:

Full Name of Cardholder: _____

Account number: _____

Section to be completed by Customer Account Services/Store

Reduced Price of Item: _____

Description of Reduced Item: _____

SKU/Barcode Number: _____

Store Number: _____

Store Address: _____

Full Name: _____

Signature: _____

Job Title: _____

Today's Date: _____

What to do next:

1. Refer the customer to the How to Claim section of the Policy Document.
2. Customers can request a claim form by calling the Insurance Department on 0870 400 4713 (calls may be recorded and monitored for training and security purposes).
3. **This form must be attached to the Claim Form, it is also important to attach the original Store Receipt.**
4. Form to be sent to Financial Insurance Company Ltd, Claims Department, Building 11, Chiswick Park, Chiswick High Road, London W4 5XR.

If you have any queries when completing this form, please call the Insurance Department on 0870 400 4704 (calls may be recorded and monitored for training and security purposes).