Barcode

APPLICATION FOR COMPENSATION
GENERAL INSURANCE

Liquidator's ROP Claim reference number: **ROPLEM** | | | | | | | | |

(*please quote when contacting us*):

Name of the firm you are claiming against: **Lemma Europe Insurance Company Limited**

(In the form, we call this organisation "the firm")

Please write clearly in CAPITALS *using* **BLACK** *ink only.*

Answer each **YES** *or* **NO** *question by* ***ticking*** *the appropriate box.*

SECTION A NAME & ADDRESS DETAILS

Q1

Name

Current address

Town

County

Postcode

COUNTRY United Kingdom

Telephone No.

Email:

Q2 Are you making this claim as an individual private policyholder or an individual(s) T/As (i.e. rather than on behalf of a company, firm or corporation)?

YES **Go to section B**

NO **Go to section C**

SECTION B CLAIMANT DETAILS

	CLAIMANT 1	CLAIMANT 2
Q3	Is someone else claiming with you? **YES** *Please provide their details under claimant 2* **NO**	Title, First Names and Surname
Q4	Date of birth *(dd/mm/yyyy)*	
Q5	Current occupation (*Please state if retired)*	
Q6	Please provide your National Insurance number	
Q7	Current marital status (*Please tick one box)*	
Q8	If married, please provide previous surname(s), if applicable	

Q7 Current marital status (*Please tick one box)*

CLAIMANT 1			CLAIMANT 2		
Single	Widowed	Living with partner	Single	Widowed	Living with partner
Married	Divorced	Separated	Married	Divorced	Separated

Q9 Relationship between claimant 1 and 2

If there are more than two claimants, please give details of the other claimants on pages 10 and 11

Q10 All contact number(s). (*Please give at least one contact number)*

	CLAIMANT 1	CLAIMANT 2
Home		
Work		
Mobile		
Fax		
Best time to call		
Q11 Email address		

Q12 Do you have a representative or are you the Executor / Administrator?

YES **Go to section D**

NO **Go to section E**

SECTION C Firm or Business

Q13 Are you making this claim for compensation as:

- a firm or other business, such as an incorporated body or partnership?	**NO**	**YES**	**Go to Q14**
- an overseas financial services institution?	**NO**	**YES**	**Go to Q14**
- the operator/trustee of a Collective Investment Scheme?	**NO**	**YES**	**Go to Q14**
- the trustee of a pension/retirement fund?	**NO**	**YES**	**Go to Q14**
- a supranational institution / government / central administrative authority?	**NO**	**YES**	**Go to Q16**
- a provincial / regional / local / municipal / authority?	**NO**	**YES**	**Go to Q16**

Q14 Please give your company number or confirm your partnership status.

Please tell us the nature of the business:

Please provide details of any subsidiaries: (*If you do not have enough space, please continue on a separate sheet. Pages 10 and 11 can be used for this)*

Q15 Please confirm your firm's annual turnover for the financial year in which the insurance policy, for which you are claiming, commenced *(please supply suitable evidence of the position, such as audited accounts where possible).*

If that financial year is not yet complete, please provide us with your firm's annual turnover for the previous complete financial year.

Q16 Are you making this claim for compensation as:

- a corporate body established by law? (eg a company set up under a specific Statute EXCLUDING the Companies Act)	**NO**	**YES**
- under national ownership or control?	**NO**	**YES**
- subsidiary of any of the above?	**NO**	**YES**

Q17 Has the policyholder ever been exempt, or are they currently exempt from the requirements to maintain Employers' Liability Insurance under the Employers' Liability (Compulsory Insurance) Act 1969?

NO **YES**

Q18 Are you aware of any incident(s) or circumstances which may give rise to a claim under the policy in the future?

YES

Please provide details

NO

Q19 Do you have a representative or are you the Executor / Administrator?

YES **Go to section D**

NO **Go to section E**

SECTION D ONLY COMPLETE THIS SECTION IF YOU ARE NOT THE CLAIMANT

Q20 In what capacity are you making this claim? *Please tick one box*

☐ Executor/administrator ***Go to Q21*** ☐ Other ***Go to Q23***

☐ Representative ***Go to Q23***

Q21 What was the date of the policyholder's death? *(dd/mm/yyyy)* ☐☐☐☐☐☐☐☐

Please enclose the **original** Death Certificate *Please tick the box if a Death Certificate is enclosed* ☐

Q22 What other **original** documents are you enclosing? *Tick all that are enclosed*. **At least one is required**.

☐ Will ☐ Grant of Letters of Administration

☐ Grant of Probate ☐ Confirmation of Estate (FOR SCOTTISH CLAIMANTS ONLY)

Go to Q23. Please complete the rest of this form as fully as possible.

Q23 Please complete this question if you are making this claim as a representative appointed by the policyholder(s), or in a different capacity, e.g. you have Power of Attorney. Please ask the policyholder(s) to sign the declaration below. Or please provide **original** documents in support of your position as a representative of the policyholder(s).

*Please tick this box if **original** documents are enclosed* ☐

I/We wish the following person or firm to *receive a copy of all correspondence/act on my/our* behalf in making this claim (*please delete as appropriate)

Signed…… Date……

Signed…… Date……

Q24 **If you are not the policyholder, but their representative for this claim, please give:**

Your contact name

Company name *if applicable*

Address

Town

County Postcode

COUNTRY

Contact number *day time*

Fax number

E-mail address *Ref*

SECTION E THE CLAIM

Q25 Is the claim being made against you? **NO** ***Go to Q27*** **YES** ***Go to Q26***

Q26 Is the person making the claim against you now, or have they ever been:

- a director of the firm? **NO** **YES**

If yes to any of the above please provide details below

Q27 What type(s) of policy(ies) are you claiming against? ***Please tick all boxes that apply***

☐ Employers Liability ☐ Public Liability ☐ Household

☐ Motor ☐ Professional Indemnity ☐ Other

If other, please give details

Q28 Please give details of the policy(ies) for which you are claiming compensation
Please include a copy of the policy documents, if available.
If you don't have details of your policy(ies), please contact the insurance company or your broker.

Type of policy	Policy number	Start date *dd/mm/yy*	End date *dd/mm/yy*

Q29 Were any of the premiums paid by credit card or other finance arrangement?

NO

YES *If yes, please provide a copy of the credit card receipt or credit finance agreement, if available*

Please tick the box if a copy is enclosed ☐

Q30 Have you received a payment / other benefit from another insurer or a third party?

NO

YES

(If yes, please provide details)

Q31 Have you ever made any other claims to the Financial Services Compensation Scheme (FSCS) or to the Policyholders Protection Board (PPB)?

NO

YES

(If yes, please give details, including reference(s)):

You must answer all the following questions or this form will be returned to you

		Please tick here		*Tick here if you are enclosing copy correspondence*
Q32	Are you now, or have you been at any time in the past:			
	a director of the firm your claim is against ? *If yes, please give details, including whether you received a salary or other remuneration for your services to the firm*	**NO**	**YES**	
Q33	Has the firm "Lemma Europe Insurance Company" agreed to pay you compensation?	**NO**	**YES**	
Q34	Do you owe any money (e.g. premium) to the firm?	**NO**	**YES**	
Q35	Have you been offered compensation on this matter by anyone else?	**NO**	**YES**	
Q36	Are you getting legal aid (public funding) to help you with your claim?	**NO**	**YES**	
Q37	Have you started legal proceedings against the firm or any connected party?	**NO**	**YES**	
Q38	Have you entered into arbitration with the firm or any connected party?	**NO**	**YES**	
Q39	Have you complained to the Financial Ombudsman Service regarding the firm or any connected party?	**NO**	**YES**	

Now please turn over and sign the Declaration and Consent at Q40

SECTION F DECLARATION AND CONSENT

Q40 *Please read the following Declaration and Consent carefully. You must sign and date this section to proceed with your claim.*

Declaration:
The information given by me/us to the Financial Services Compensation Scheme Limited ("FSCS") in support of my/our claim is true and correct to the best of my/our knowledge and belief.

I/We declare that the transaction giving rise to this claim was not made in the course of, or for the purpose of, money laundering, disposing of the proceeds of crime, or any criminal activity.

Consent:
I/We consent to FSCS and the Prudential Regulatory Authority ("PRA") processing, receiving and requesting any information and documents as they may need in connection with my/our claim for compensation or in carrying out their statutory function .

I/We authorise any other person or organisation to release such information and documents to FSCS and to the PRA.

I/We also consent to the FSCS releasing or disclosing information and documents about me/us and my/our claim to any other person in carrying out its statutory function, or to the PRA or as otherwise required by law.

Explanations applying the Declaration and Consent:
FSCS includes its officers, employees, servants and agents.
PRA may act as an agent of FSCS or on its own behalf.
Information and documents include personal data and sensitive personal data as defined in data protection law. The information and documents may be provided to FSCS or the PRA by any person.

Except as stated above, FSCS will process information about you and your claim in accordance with data protection law. You can download copies of our data protection statement from our website (www.fscs.org.uk) or get them from our Customer Services Team by telephoning 020 7892 7300.

Claimant 1

Signed …… Date ……

Name …… (CAPITAL LETTERS PLEASE)

Are you authorised to sign on behalf of the Company? **YES** **NO**

If so in what capacity. (Please provide proof of authority) .....

Claimant 2

Signed …… Date ……

Name ……(CAPITAL LETTERS PLEASE)

Before you send this form back to us, please read the checklist on the next page.

CHECKLIST

☐ Have you completed all the questions that apply to your claim?

☐ Have you signed and dated the form at Q40?

☐ Has Claimant 2 (where applicable) signed and dated the form at Q40?

☐ Have you enclosed copies of all correspondence that you wish us to consider?

☐ Have you enclosed the originals of important certificates (e.g. Death Certificate, Change of Name by Deed Poll, Power of Attorney)
We will return them to you when we have reviewed them.

☐ Have you enclosed a copy of your accounts?

☐ Have you attached securely to this form any additional pages of information and put the FSCS reference on each one?

Do you have documents at home that you have been unable to copy and send to us, which support your claim for compensation? *Please tick* **YES** **NO**

Return the entire form to us, with any additional pages firmly attached. Send it to:

Freddie White
Liquidator
Lemma Europe Insurance Company Limited
ROP Claims
Grant Thornton (Gibraltar) Limited
6A Queensway
P.O. Box 64
Gibraltar

Please use this page if you did not have enough space under any of the questions to write your answer.

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If additional space is needed, please continue on a separate sheet.
Attach separate sheet securely to this form and write the Liquidator's ROP Claim reference number clearly on each.