

DATA SUBJECT ACCESS REQUEST FORM

Claim reference:

To comply with our obligations under the Data Protection Act 1998 you are required to complete this form and make payment of the £10 administration fee if you wish to exercise your rights and obtain copies and details of personal data which we may hold on you.

Please ensure you complete this request accurately as errors and omissions will require a further form and fee submission.

SECTION A – PERSONAL DETAILS

Name

Address

Telephone No

SECTION B – PROOF OF IDENTITY

Under the Data Protection Act 1998 we are entitled to withhold any information you have requested unless we are completely satisfied of your identity. Please therefore forward any TWO of the following documents as proof of your identity. We will not accept any other form of identity other than those listed below and any evidence submitted must show your name and current address.

Local authority tax bill*	<input type="checkbox"/> ✓ ✗	Vehicle registration document	<input type="checkbox"/> ✓ ✗
Utility bill*	<input type="checkbox"/> ✓ ✗	TV licence	<input type="checkbox"/> ✓ ✗
Bank statement*	<input type="checkbox"/> ✓ ✗	Current valid passport	<input type="checkbox"/> ✓ ✗

*issued within the last 3 months

We are happy to accept photocopies but reserve the right to request sight of originals (which we will return)

SECTION C – DATA REQUIRED

Please state exactly what you require to be sent to you *e.g. claim form / medical certificate etc.*

If you are requesting call recordings you need to specify the date and time of each call and the number dialled from and to.

SECTION D – PAYMENT

I have enclosed a £10 cheque made payable to Reactive Claims Ltd. ✓ ✕

I wish to pay by BACS direct from my bank and have today made payment. ✓ ✕

If paying by BACS please pay into the following account:

Natwest Bank

Account name:- Reactive Claims Ltd

Account number:- 90489950

Sort code:- 60.00.01

Please ensure you quote your claim reference number on your payment.

SECTION E – SIGNATURE

Name _____

Signature _____

Date _____

Please return this form to:-

Reactive Claims

Attwood House

Mansfield Business Park

Four Marks

Hampshire

GU34 5PZ

In accordance with the Data Protection Act 1988 we will supply this information to you as soon as possible but in any event within 40 days from receipt of payment.