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| Appendix E: REQUEST FOR INFORMATION (SCH.2) | | | | | | | | |
| Logo, company name  Description automatically generatedLogo  Description automatically generated  **REQUEST FOR INFORMATION HELD BY THE POLICE**  **WHERE THERE IS EVIDENCE TO SUSPECT A**  **FRAUDULENT INSURANCE CLAIM** | | | | | | | | |
| **Lawful Basis:** | | Schedule 2, part 1, paragraph 2(1) - I confirm that the information requested is required for the purposes of the prevention or detection of a crime, or the apprehension or prosecution of offenders, or the assessment or collection of a tax or duty and that the information is not likely to be available in a reliable form from any other source.  Schedule 2, part 1, paragraph 5(2) - I confirm that the information requested is required under any enactment, by any rule of law or by the order of a court or tribunal.  Schedule 2, part 1, paragraph 5(3) - I confirm that the information requested is necessary for the purpose of obtaining legal advice, or is necessary for the purpose of establishing, exercising or defending legal rights, or in connection with legal proceedings and that the information is not likely to be available in a reliable form from any other source. | | | | | | |
| **Details of party requesting information** | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Address:** | |  | | | | | | |
| **Contact Information:** | | [Email / telephone number] | | | | | | |
| **ABI Member:** | | [Please indicate if you are an ABI member, if not list them here] | | | | | | |
| **If the request is from the insurer** | | | | | | | | |
| **Claim No.:** | |  | | | | | | |
| **If the request is from an eligible third party** | | | | | | | | |
| **Details of the insurer** | | | | | | | | |
| **Name:** | |  | **DoB:** | |  | | | |
| **Address:** | |  | | | | | | |
| **Claim No.:** | |  | | | | | | |
| I confirm that I am authorised to perform claims administration services on behalf of the insurer and in accordance with all applicable laws and regulations and accepted claims practices.  I confirm that the information requested will be processed in accordance with my legal obligations under the Data Protection Act 2018 & UK GDPR. Appropriate technical and organisational safeguards are in place to protect personal data against unauthorised or unlawful processing and against accidental or deliberate loss, destruction or damage. | | | | | | | | |
| **Name:**  (Block capitals) | |  | | | | | | |
| **Signed:** | |  | | **Date:** | | |  | |
| **Constabulary** | | | | | | | | |
| **To:** |  | | | | | | | |
| **I am making enquiries, which are concerned with the investigation of a fraudulent insurance claim, which is a criminal offence. Disclosure of information for this purpose is defined within the lawful basis above.** | | | | | | | | |
| **Ref No:** |  | | | | | | | |
| **Nature of enquiry and information requested** | | | | | | | | |
|  | | | | | | | | |
| **Summary of existing evidence to suspect a fraudulent insurance claim has been made.** (To be supplemented by copies of documentation) | | | | | | | | |
|  | | | | | | | | |
| **Declaration** | | | | | | | | |
| I confirm that the personal data requested is required for this purpose and failure to provide the information will, in my view, be likely to prejudice my investigation. | | | | | | | | |
| **Name:** (block capitals) | |  | | | | | | |
| **Post:** | |  | | | | **Department:** | |  |
| **\*Signed:** | |  | | | | **Date:** | |  |
|  | |  | | | |  | |  |
| **Supervisory signature** | | | | | | | | |
| **Name:** (block capitals) | |  | | | | | | |
| **Post:** | |  | | | | | | |
| **\*Signed:** | |  | | | | **Date:** | |  |
|  | |  | | | |  | |  |

Under the terms of the Information Sharing Agreement between The Police Service and the Insurance Industry, any further evidence of criminal conduct obtained by the Insurance Industry as a result of the disclosure requested, must be notified to the appropriate Police Force to enable that Force to consider criminal proceedings.

**COPY TO BE KEPT ON FILE**