

AWB SICK PAY CLAIM FORM

INSURED NAME _____

**POLICY
NUMBER** _____

BROKER _____

AIUA claims are handled in compliance with the requirements of the ABI Claims Code. Further information can be obtained by visiting the ABI website <http://www.abi.org.uk>

IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (BACS).

In order to do this the company will need you bank account details so please complete the form below (Capital Letters Please) :-

Name of Bank	
Branch	
Sort Code	
Bank Account Number	
Account Name	

Towergate AIUA

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Towergate AIUA is a trading name of Towergate Underwriting Group Limited

Registered in England No. 4043759 Registered Address: Towergate House, 2 County Gate, Staceys Street, Maidstone, Kent ME14 1ST

Authorised and regulated by the Financial Services Authority

Policyholder Details

Name _____
Address _____
Occupation _____

Employee Details

Name of Employee _____
Address _____
Date of Birth _____
Date employment commenced with the Insured _____
AWB Work Grade _____

Absence Details

Date ceased work _____ Date resumed work _____
Cause of absence _____
If an accident, how did this occur _____
If injured in an accident, was this during normal working hours _____
Amount of SSP reclaimed per week _____
Has the employee been absent in the previous 12 months? if so, please give details _____

Please provide sick notes covering the employee's period of absence.
If absence was due to an accident, please provide a copy of the Accident Report Book.

I / We understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Limited) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

I / We declare the above details to be correct

Signature _____ Date _____