

Appendix D(b)

REQUEST TO THE INSURED FOR CONSENT TO DISCLOSURE OF INFORMATION HELD BY THE POLICE

Details of Insurer/Loss adjuster to who response should be sent

Name:

Claim No.:

Address:

If request is from a Loss adjuster details of insurer on whose behalf the Loss adjuster is working

Name:

Address:

Details of Insured

Name:

Address:

Details of Crime

Date and Location of Crime

In order to assist with the progress of your claim, we would ask for your consent to enable us to obtain the following information from the _____ Police / Constabulary.

The information requested and the reason for seeking it is set out below.

Information Requested - Details of Crime

Crime Reference Number:

Date and Time of report to Police:

Aggrieved Person:

Location of crime:

The reason we need this information is:

Consent

I *consent / do not consent to the release of this information.

*Signed:

Date:

*** Insurers or Loss Adjusters should ensure that consent is obtained from the person who supplied the information to the police.**

Additional information. This must be specific and state exactly what you can justify as being necessary. For example, copy of the victim's statement, what the person reporting said in the initial call, list of stolen property, verification of entry, location of keys, etc. The police will not supply copies of SOCO/forensic reports, ANPR records, results of house to house enquiries or details of the police investigation. The reason for each item must be explained below and the relevant person's consent must be shown.

1.	Information Required		
	Reasons		
Consent			
I *consent / do not consent to the release of this information.			
**Signed:		Date:	

2.	Information Required		
	Reasons		
Consent			
I *consent / do not consent to the release of this information.			
**Signed:		Date:	

3.	Information Required		
	Reasons		
Consent			
I *consent / do not consent to the release of this information.			
**Signed:		Date:	

Do you wish the Police to send you a copy of their response to these questions? Yes/No*

*(The claimant should delete as appropriate)

Name:			
**Signed:		Date:	