

# Lost Securities / Lost Life Indemnity PROPOSAL



## FOR OFFICE USE ONLY

Date of Acceptance

Policy No.

Area/Branch

Area/Branch Number

Agency

Agency No. & Chk Ltrs

### Note:

The insurer with which your contract will be concluded is Aviva Insurance (Europe) plc ("the Company"). The insurance will not be in place until the proposal has been accepted by the Company. The Company reserves the right to decline any proposal. A specimen of the policy normally issued will be supplied on request.

## Proposer details

Full Name of Proposer Mr / Mrs / Miss / Ms

Postal Address

Occupation

1 (a) Amount of indemnity required (par or current market value or sum insured whichever is the greater) €

(b) To whom is the indemnity to be given?

### 2 Description of lost securities

Serial Numbers (if any)	Type e.g. Share Unit Trust certificate or other	Par value	Present market value	Date of issue	Date of maturity

### 3 (a) Description of Lost Life Policy

Policy Number	Nature of transaction e.g. Loan, Maturity Surrender or other	Policy value	Date of issue	Nature of Policy i.e. Whole Life endowment

(b) On whose life was the policy effected?

4 (a) Are the securities payable to the bearer?  Yes  No

(b) Are the securities registered?  Yes  No

If "YES", in whose name are they registered?

5 (a) Have the securities / policy been endorsed, pledged or assigned by the person in whose favour they are made out?  Yes  No

(b) Has any power of attorney to transfer the securities / policy been given?  Yes  No

6 (a) To whom is the dividend or interest, if any, being paid?

(b) When was the last dividend or interest received?

7 To whom has notice of the loss been given?

8 What precautionary measures have been taken for the purpose of avoiding a loss which may arise in the event of the lost securities / policy coming into the possession of an unscrupulous person?

continued overleaf



**You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance. If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, or the policy could be declared invalid and void.**

Under the third EU Non-life Directive we must give you the following information before you buy your policy.

**The law that applies to the contract** - Under the relevant European and Irish laws, we Aviva Insurance (Europe) plc and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract, We, Aviva Insurance (Europe) plc, will provide the insurance under this policy.

**Complaints procedure** - We aim to give excellent service to all our customers; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through an agent or adviser, please send your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Customer Feedback Team, Aviva Insurance (Europe) plc, One Park Place, Hatch Street, Dublin 2

CallSave: 1850 36 37 38  
E-mail: [complaints@aviva.ie](mailto:complaints@aviva.ie)  
Website: [www.aviva.ie](http://www.aviva.ie)

You can also write to the Managing Director, Aviva Insurance (Europe) plc, One Park Place, Hatch Street, Dublin 2 or you can contact the following

• **The Irish Insurance Federation's Insurance Information Service, 39 Molesworth Street, Dublin 2**

Phone: 01 676 1914  
Fax: 01 676 1943  
E-mail: [iis@iif.ie](mailto:iis@iif.ie)  
Website: [www.iif.ie](http://www.iif.ie)

• **The Financial Services Ombudsman Bureau, 3<sup>rd</sup> Floor, Lincoln House, Lincoln Place, Dublin 2**

Phone: 01 662 0899  
LoCall: 1890 88 20 90  
Fax: 01 662 0890  
E-mail: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)  
Website: [www.financialombudsman.ie](http://www.financialombudsman.ie)

You will not lose your right to take legal action if you contact either of the above.

**DATA PROTECTION** - Aviva Insurance (Europe) plc ("we", "us" or "our"), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Aviva companies and sometimes with our affiliates and/or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems.

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Aviva companies' records. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by the Irish Insurance Federation for the purpose of sharing of information among insurance companies as a check against non-disclosure.

From time to time, we may record your telephone calls for verification and training purposes.

If you would like a copy of the details we hold about you, please write to the Regulation and Compliance Manager, Aviva Insurance (Europe) plc, One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

**Important:** Some of the questions on this form may ask for details about your health and convictions and the health and convictions of third parties material to this risk – please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

**Declaration** –I/we confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I acknowledge that this proposal will form the basis of my/our contract with Aviva Insurance (Europe) plc. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above.

Your Signature:

Date:  /  /

We would like to use your details to provide you with information about other financial or insurance products, services and special offers either from us or other Aviva group companies, or products, services and special offers which any member of the Aviva Group may arrange with a third party. Your details may also be used for this purpose (for up to 12 months) after your policy has ceased. Please tick here  if you do not wish to receive such information from us.

Your choice will not affect any of the services we provide to you, now or in the future.