LETTER OF AUTHORITY

monster claims

Authority and instructions to act on behalf of the client and to provide Information and pay compensation to Monster Claims Limited

To Whom It May Concern:

Name of Insurance Company:

Payment Protection policy Number:

Authorisation to Monster Claims Limited – I/We authorise Monster Claims Ltd to act my/our behalf in pursuing my/our Claim in respect of advice received and sales made from the company listed above. I/We give Monster Claims Ltd full authority to refer the claim to the Financial Ombudsman service if this id believed to be in my/our best interest.

Instruction to the Company – Please accept this letter as my/our instruction for you, the company to deal directly with Monster Claims Ltd in respect of the Claim and to provide them with any information they request to pursue my/our Claim.

I/We understand that we can pursue this claim myself/ourselves without the involvement of Monster claims Ltd, However I/We have decided to allow monster claims to represent my/our claim. They will recover their fees from compensation paid to me/us.

Compensation – This letter constitutes a full assignment by me/us for Monster Claims Ltd to receive my/our entitlement to any compensation or other monies agreed or subsequently awarded to me/us. Such monies will promptly be paid to me by Monster Claims Ltd less their fee for the services carried out by them.

I/We hereby instruct you to pay any award of compensation to Monster Claims Ltd, who will hold the money on my/our behalf. The compensation is to be paid to: Monster Claims Ltd Client Account.

Instruction to Third Parties – In the event that you need to contact a third party to progress my/our claim for any reason, I/We give my/our authority and consent for the third party to provide the company and Monster Claims Ltd with any information they request in order to pursue my/our claim effectively.

Declaration of Truth - I/We have read and accept Monster Claims Ltd Terms and Conditions and give them full authority to make a claim on my/our behalf. I/We confirm that the information given in this letter and in this leaflet is to the best of my/our knowledge accurate and a truthful reflection of my/our recollections of events at the point of sale.

Terms of Engagement – I/We have read and accept Monster Claims Ltd Terms of Engagement and give them full authority to make a claim on my/our behalf.

Policy Holder 1

Title First Name Initial

Surname

Date of birth D D M M Y Y

Address

Postcode

Signature

Date

Policy Holder 2

Title First Name Initial

Surname

Date of birth D D M M Y Y

Address

Postcode

Signature

Date