



# PCG (QU) Personal legal expenses (PLE) claim form

## 1. Member's details

|                          |        |
|--------------------------|--------|
| Name                     |        |
| Contact Number           |        |
| Address                  |        |
| E-mail                   |        |
| PCG Membership User name |        |
| Date Joined              |        |
| Are you still a member   | Yes/No |

## 2. Claim Details

- Consumer Disputes ☐ Criminal Prosecutions ☐
- Employment Cover ☐ Jury Service Cover ☐
- Personal Injury ☐ Property Disputes ☐

The other party's name and address:

- Are you Defending a legal action? Yes ☐
- Or
- Pursuing a legal action? Yes ☐

When did the incident giving rise to the dispute occur?

## FACTS OF THE DISPUTE AND SUPPORTING DOCUMENTS

1. Please attach a further page to this Claim Form detailing a summary of the dispute, including relevant dates and the amount in dispute between you and the other party.  
Please tick the box to confirm that you have done this. ☐
2. Please enclose **COPIES** of all correspondence and documents relevant to the dispute.  
**DO NOT** send originals.  
Please tick the box to confirm that you have done this. ☐



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### Legal Advice

#### Legal Helpline

Did you seek advice from the Abbey Legal Helpline    Yes   ☐    No   ☐

What reference did the Abbey Legal Helpline give to you?  

When was the advice first sought from the Abbey Legal Helpline?  

Name of the person who contacted the Abbey Legal Helpline  

Did you follow the advice given by the Abbey Legal Helpline? Yes   ☐    No   ☐

#### Other Legal Advice

Did you seek legal advice from any other source?    Yes   ☐    No   ☐

If yes:    When did you first seek legal advice?  

From whom did you seek legal advice?  

If you are pursuing a legal action or claim against another party:

(a) When did you first consider you might have to seek legal advice or refer the matter to a solicitor in order to resolve the dispute?

(b) When and how did you first notify the other party you would be seeking legal advice or intimate you were considering legal action?

**Please ensure you enclose a copy of any correspondence in respect of (a) and (b).**

If you are defending a legal action or claim against you, when and how did you first become aware:

(a) the other party were referring the matter to their legal advisers?



PCG (QU)

## Personal legal expenses (PLE) claim form

(b) the other party were considering legal action against you?

Please ensure you enclose a copy of any correspondence in respect of (a) and (b).

### The Appointed Representative

Your claim will be handled by the Abbey Appointed Solicitor.

Please delete, as appropriate, the section underlined below.

We were aware/not aware at the date of inception or renewal of our insurance that this claim was liable to arise.

We declare that all our statements within this Claim Form are true and complete.

We authorise Abbey Tax Protection to access and use, for the purposes of assessing this claim, the record(s) or our communications with the Abbey Legal Line. We also authorise Abbey Tax Protection to disclose information about this claim to PCG.

We request that Abbey Tax Protection deal with this matter on our behalf in accordance with the terms and conditions of our Legal Expenses Insurance.

Signature

Name

Date

To comply with the conditions of your Insurance you must immediately complete this Claim Form and send it to:

CLAIMS DEPARTMENT  
Abbey Tax Protection  
One Castle Mound Way  
Rugby  
CV23 0UY

Telephone 0870 607 7000  
Facsimile 0870 607 7001

### IMPORTANT INFORMATION

- Sums incurred prior to our written acceptance of your claim will not be reimbursed. It is therefore important that you send us your completed Claim Form, with supporting correspondence and documents, as soon as possible.
- Failure to provide sufficient information with the Claim Form will delay our assessment of the claim and may prejudice the claim. If you are unsure as to what information you should send us, please telephone us.