

our ref:

payment protection insurance: consumer questionnaire

WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for consumers to register a complaint about the sale of payment protection insurance.
- It has been designed by the independent Financial Ombudsman Service.
- The questionnaire asks you for your personal and financial details. These will help the financial business you think is responsible for your complaint to assess your case – and decide if it should pay you compensation.

WHAT DO I NEED TO DO?

- Please fill in the questionnaire, giving as much information as you can. It may take you some time to go through the form and get all your facts together. But with all the information in one place, it should mean your case can then be assessed more quickly.
- Once you have completed the questionnaire, please send it to the financial business that you think is responsible for your complaint. Before you post it, take a photocopy if you can. This will help later on, if you need to refer your complaint to the Financial Ombudsman Service.

section A: about you

A.1 Please give us your name and contact details

your name and contact details

surname	<input type="text"/>	title	<input type="text"/>
first name(s)	<input type="text"/>		
date of birth	day <input type="text"/>	month <input type="text"/>	year <input type="text"/>

details of anyone complaining with you

	<input type="text"/>	title	<input type="text"/>
	<input type="text"/>		
	day <input type="text"/>	month <input type="text"/>	year <input type="text"/>

address for writing to you (include postcode)

daytime phone	<input type="text"/>
home phone	<input type="text"/>

mobile	<input type="text"/>
email	<input type="text"/>

A.2 If someone is complaining on your behalf (eg a relative or solicitor) please give us their details

their name	<input type="text"/>	relationship to you	<input type="text"/>
address for writing to them (include postcode)	<input type="text"/>		
their daytime phone	<input type="text"/>	fax	<input type="text"/>
their email	<input type="text"/>	ref	<input type="text"/>

A.3 What is the name of the financial business you are complaining about?

A.4 What is the policy number of the payment protection insurance you are complaining about?

section B: about the sale of the insurance

B.1 When did you take out this payment protection insurance?

day	month	year
-----	-------	------

Can't remember

B.2 Did the payment protection insurance provide either single cover (to cover just you) or joint cover (to cover you and your partner)?

Single cover Joint cover

B.3 How was this insurance sold to you?

During a meeting During a phone conversation You were given a leaflet to fill in
 Over the internet By post Can't remember

B.4 Did the financial business give you advice or recommend that you take out this policy?

Yes No Can't remember

B.5 How did you pay for this insurance?

With a one-off single "premium" paid up-front With a "premium" paid each month Not sure

B.6 What is the current situation with this insurance?

The insurance is still running
 The insurance was cancelled early

If so, please confirm the cancellation date.

day	month	year
-----	-------	------

The insurance ended when the loan was paid off (or when the credit-card account was closed)

B.7 Have you ever made a claim on the payment protection insurance you are complaining about?

Yes No

If "Yes", please give details – including whether the insurance company paid out on the claim or not.

section C: about the money you borrowed

C.1 What was the payment protection insurance sold to cover you for?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Loan (personal) | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Catalogue shopping |
| <input type="checkbox"/> Loan (business) | <input type="checkbox"/> Overdraft | <input type="checkbox"/> Hire Purchase |
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Store card | <input type="checkbox"/> Not sure |

What was the account number for this?

This number will be different to the insurance policy number you filled in on page 1.

C.2 What did you borrow the money (or take the credit) for?

For example – to purchase a car, for home improvements, for everyday spending, or to pay off other debts. If you borrowed the money to pay off other debts, please give details.

C.3 Have you ever missed payments or gone into arrears on this borrowing?

- Yes No

If "Yes", please give details.

section D: about your personal circumstances

D.1 At the time you took out this insurance, what was your employment status (and your partner's – where relevant)?

yourself

- Employed
- Self-employed
- Not working/unpaid work
- A director of your own company
- Agency/temporary worker
- Working fewer than 16 hours a week
- Retired
- Student in full or part-time education

If so, how many hours are spent in education each week?

your partner

- Employed
- Self-employed
- Not working/unpaid work
- A director of your own company
- Agency/temporary worker
- Working fewer than 16 hours a week
- Retired
- Student in full or part-time education

If so, how many hours are spent in education each week?

D.2 If your employment status has *changed* since you took out the insurance, please give details

For example – if you were self-employed, but are now employed.

D.3 What type of work did you do when you took out the payment protection insurance – and what was the name(s) of any employer(s)?

yourself

Type of work

Employer(s)
name

your partner

D.4 How long had you been working there, at the time you took out this insurance?

yourself

years months

your partner

years months

D.5 If you were employed at the time you took out the insurance – would you have received any pay from your employer, if you were off work due to an accident or sickness, or if you were made redundant?

yourself

your partner

- Yes*
- No
- Can't remember
- Not relevant (as you were not employed)

- Yes*
- No
- Can't remember
- Not relevant (as you were not employed)

**If "Yes", what pay would you have received from your employer?*

D.6 Did you have any other means of making your repayments – if you were unable to work through sickness, accident or unemployment?

For example – this may include savings, other insurance policies, or relying on a relative or friend for help.

yourself

your partner

- Yes*
- No

- Yes*
- No

**If "Yes", please give details.*

D.7 At the time you took out this insurance, did you or your partner have any health problems or were either of you registered as disabled?

yourself

your partner

- Yes*
- No

- Yes*
- No

**If "Yes", please provide details in Section E on the next page.*

section E: about your complaint

This page is for you to tell us anything else about your complaint – including what happened when you took out the payment protection insurance.

For example, please tell us any details you remember about:

- *Where the sale took place and who you spoke to at the financial business.*
- *The information you were given before you took out this insurance.*
- *How the cost, benefits and terms of the insurance were explained to you.*
- *The questions you asked before taking out this insurance.*
- *Why you decided to take out this insurance.*
- *Any changes to your health since you took out the insurance.*

If you need more space, please use the spare page at the end of this questionnaire.

Please send us copies of any documents you have from when you took out the payment protection insurance.

And finally, please tell us why you are now unhappy with the insurance?

If you need more space, please use the spare page at the end of this questionnaire.

section F: your declaration

Please read and sign this declaration

“ I confirm that I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire.

I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge.

”

sign here

*You need to sign, even if someone else is complaining on your behalf.
If someone is complaining for you, your signature below means you authorise the person named on page 1 to represent you in this complaint.*

signature

date

signature

date

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Please use this page if you need more space for answering any question.

question number	your answer