

## INITIAL ASSESSMENT SHEET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Policy provider	Policy number	Policy type	Premium (PM? - PA? Single?)	Start date	Maturity date	Benefits	Bought from Co. rep/IFA	In Force? If not, when stopped?	Previous subject of a complaint?

I have read, accepted and signed TTP-Financial Compensation's (TTP) Terms of Business and agree for the above information to be disclosed to TTP in order that TTP may conduct an initial and without any obligation assessment of the possibility of a claim or claims for compensation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_