



**ELITE INSURANCE COMPANY LIMITED (IN ADMINISTRATION) (“ELITE”) CLAIM FORM**

**Please complete this Claim Form to claim in the Scheme. You can find more information about the Scheme, including the Explanatory Statement and Frequently Asked Questions (FAQs), on the Website (<https://www.pwc.co.uk/elite-insurance>).** If you have internet access, you can claim in the Scheme online via the Creditor Portal. This will be the most straightforward way for you to claim in the Scheme. Please refer to the Website for further information including guidance on how to value your claim amount for the purposes of this form.

Only Other Direct Insurance Creditors are entitled to claim in the Scheme, if you are an FSCS Protected Creditor you are not entitled to claim in the Scheme but should continue to submit claims in the ordinary course until the Cut-Off Date.

If you have already completed a Voting Form it will have automatically been submitted as your Claim Form in the Scheme unless you opted out of this when submitting your vote. Please note, you may edit your submitted claim at any time up until the Claims Submission Deadline.



**SCHEME CREDITOR AND CLAIM INFORMATION** *(The fields with an asterisk indicate mandatory fields)*

<b>Section 1. Scheme Creditor details</b>	
Title (for individual policyholders only)	
First name and Surname*	
Company Name (for corporate policyholders only)	
Address Line 1*	
Address Line 2	
Address Line 3	
City*	
Post Code*	
Country*	
Email*	
Telephone number*	Country code:

<b>Section 2. Policy and claim information</b>	
Policy number*	
Country/jurisdiction of insurance contract*	
Currency*	
Claim amount (including VAT and uncapitalised interest)*	
Claim Details* (please provide supporting information for these details per the terms of the Scheme)	
Details of any deduction or set-off	
Claim reference number (if known)	

<b>Section 3. Authorised representatives (optional)</b>	
Are you an authorised representative completing this form for the Scheme Creditor? You will need to provide a Letter of Authority to evidence this.	
Authorised Representative's full name	
Authorised Representative's full address	
Authorised Representative's phone number	
Authorised Representative's email address	



<b>Bank Details</b>	
We will pay valid Scheme claims by Bank Transfer unless requested otherwise.	
Account Holder Name	
Sort Code	
Account Number	
IBAN (EU Policyholders)	
Swift BIC (EU Policyholders)	

Print Full Name (BLOCK capitals) :.....

Signed:.....

Date submitted: .....

**Please send to Elite Insurance Company Limited @ Quest Consulting, Quest Consulting, 4th Floor, 52-54 Gracechurch Street, London EC3V 0EH. Alternatively you can send the completed form via email to the Quest Helpdesk at [elite-insurance.scheme@quest-group.co.uk](mailto:elite-insurance.scheme@quest-group.co.uk).**

**Claim Form Guidance:**

1. Only Other Direct Insurance Creditors are entitled to claim in the Scheme, if you are an FSCS Protected Creditor you are not entitled to claim in the Scheme but should continue to submit claims in the ordinary course until the Cut-Off Date.
2. Other Direct Insurance Creditors must submit their Claim Form before the Claims Submission Deadline published on the Website <https://www.pwc.co.uk/elite-insurance>.
3. To make a claim in the Scheme please complete this Form. Detailed guidance on how to value your claim is provided in the Scheme document and Explanatory Statement found on the website <https://www.pwc.co.uk/elite-insurance>. You may be required to submit Supporting Information regarding your Scheme Claim as outlined in the Scheme document and Explanatory Statement, this should be provided with this Claim Form when sending it to Quest.
4. If you are an Other Direct Insurance Creditor and we receive your Claim Form after the Claims Submission Deadline, you will lose any right to make a claim in the Scheme.
5. Please note that Other Direct Insurance Creditors will be deemed to have submitted a Claim Form if they voted on the Scheme unless they opted out of having their Voting Form treated as a Claim Form.
6. In the event that your claim is accepted in the Scheme any payment due to you will be made using the bank details entered in this form. Please ensure that you provide accurate and up to date bank details in this form.