

Payment Protection Insurance questionnaire

For bank use only

Our reference

Guidance notes

This questionnaire will help you explain to us what happened when the PPI policy was sold to you, and what your circumstances were at the time. Please provide as much detail as you can remember, as it will help us review your complaint. The information you provide should be from the time the policy was sold to you, not from today. Where you do not know the exact date, please provide an approximate month and year.

Additional help

Please get in touch if you need extra support. This could be because you have specific needs or because you have a physical or mental health condition. If you'd like us to communicate with you in a different format (such as large print), please let us know in Section 7.2.

We may contact you to discuss your complaint. **Please note:** If we call you, the call may appear on your phone as 'withheld'. If we're unable to reach you, we will call you again. If you have any questions or are unsure on how to complete this questionnaire, please call:

- **Lloyds Bank** 0800 151 0292
- **Bank of Scotland** 0800 151 0293
- **Halifax** 0800 151 0293

If you're unhappy with the sale of more than one PPI policy

Please fill in a questionnaire for each PPI policy. We need to know your details from the time of each PPI sale. For example, you may have been unemployed at the time of one PPI sale, but had a job at the time of another PPI sale. If you're unable to provide a questionnaire for each PPI policy, we'll still assess your complaint for the questionnaire you've filled in. You can get more questionnaires by calling us on the above telephone number, visiting the PPI section of our website or photocopying this blank copy.

Other people named on the policy

If your policy also covered someone else, we need you to give us their details too. See Sections 2, 6, 7 and 10.

1 Policy details

Your policy/account number

Date you took out the policy

D	D	M	M	Y	Y
---	---	---	---	---	---

The information you provide should be from the time the policy was sold to you, not from today. Where you do not know the exact date, please provide an approximate month and year.

What did the PPI policy cover?

Loan (Personal)	Loan (Business)	Mortgage	Credit Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please give details below)

2.1 Your personal details

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Details of second named person on the account (if applicable):

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Your date of birth

Your telephone numbers and area dialling codes

Mobile
Home
Work

Select preferred contact number

Is your contact address the same as the person named above?

Yes No

If no please provide the address in Section 7.

Your contact address (where we can write to you)

 Postcode

Please list any of your past addresses in Section 7.

Your telephone numbers and area dialling codes

Mobile
Home
Work

Select preferred contact number

Your contact number: It's likely we'll call you to discuss the complaint. Please provide us with the best number to contact you.

Please state the best time(s) to contact you for further information. (please select all that apply)

AM Mon Tue Wed Thu Fri

PM

When is the best time to call?

Is a third party acting for you?

(This could be a Claims Management Company (CMC), a friend or family member)

Yes No

If yes please complete Section 2.2. If no please go to Section 3.

Please provide a password below. If we call you about your complaint, we will use this word to confirm your identity.

Please note:

If we call you, the call may appear on your phone as **withheld**. If we're unable to reach you, we will call you again.

2.2

Details of the third party acting on your behalf (if applicable)

If a third party is acting for you, you should still complete this questionnaire. Please provide as much detail as you can remember, as it will help us review your complaint.

Title Mr Mrs Miss Ms Other (please specify)

Last name

First names

What is their relationship to you?

Claims Management Company

Relative

Solicitor

Other (please explain)

Claims Management Company name (if applicable)

Contact address (where we can write to them)

 Postcode

Contact telephone numbers and area dialling codes

Home
Mobile
Work

Third party's reference

Please note: if you authorise a Claims Management Company (CMC) to act on your behalf, then you will need to pay their fees from any refund you may receive from us.

3.1 About the sale of your PPI policy

Why did you decide to take out the PPI policy?

Empty text box for reasons for taking out PPI policy.

Why are you unhappy with the PPI policy sold to you? (if you need extra space, please use Section 7)

Large empty text box for reasons of dissatisfaction with the PPI policy.

How was the PPI policy sold to you? (e.g. branch, over the phone, Internet or something else)

Empty text box for how the PPI policy was sold.

Where did the sale take place and who did you speak to (where applicable)?

Empty text box for where the sale took place and who was spoken to.

3.2 About the use of your PPI policy

Have you ever made a claim on this PPI policy?

Yes No Not known

If yes was this claim:

Paid Rejected

What was the reason for the claim and why, if applicable, was it rejected?

Large empty text box for details of the claim and reasons for rejection.

Please give details of the evidence that you have sent with this questionnaire

Empty text box for details of evidence sent with the questionnaire.

Have you now returned to work?

Yes No

If yes please give start date

DDMMYY date input boxes.

Please confirm below any further details of your claim that you believe are important: i.e. have you made any other Insurance claim in respect of the above, reasons you believe that a rejected claim should have been paid?

Large empty text box for further details of the claim.

What was the period of the claim? Please be as precise as you can: (if the claim was rejected please include the period the claim would have been for).

Date from DDMMYY Date to DDMMYY input boxes.

If you still have it, please provide any evidence from the time you made the claim (such as from your employer or doctor).

What was your reason for borrowing the money:

Refinancing or consolidating other debts

Business loan

To purchase a property

Non-essential spending (for example buying a new TV)

Paying for home improvements

Essential everyday spending (for example rent, household bills or food shopping)

Paying for a wedding

Other (please give details below)

Paying for a holiday

Lined text area for 'Other' details

Buying a vehicle

If the reason for borrowing the money was to buy a vehicle, how long did you intend to keep the vehicle for?

Text input box for vehicle duration

Was any of the money used to pay off other debts?

Yes

No

If yes please tell us more about those debts

Lined text area for 'If yes' details

5 Personal circumstances when you took out the policy (**first named policy holder**)

5.1 Your savings

At the point of sale, did you have any savings? Yes No

IMPORTANT:

- If you did have savings, how much?
- If you don't know the exact amount, please provide an estimate.

Amount of savings £	What were your savings for? (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society)	Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.2 Your employment status

We need to understand your employment status at the time the PPI policy was sold to you. Please provide as much detail as you can.

At the time you took out this PPI policy, what was your employment status?

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time * <input type="checkbox"/>	Temp/agency worker <input type="checkbox"/>	Student <input type="checkbox"/>	Homemaker <input type="checkbox"/>

Other (please specify)

* If you worked **part time** when you took out the PPI policy, what were your contracted hours?

If you were **employed** when you took out the PPI policy please answer the following:

What was the name of your employer when you took out the PPI policy?

What type of work did you do when you took out the PPI policy?

How much were you paid per year (before tax)?
 (If you don't know the exact amount, please enter an estimate)
 £

What date did you start this employment?

Were you paying National Insurance Contributions at the time you took out the policy? Yes No

If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?

Did you have more than one job at the time you purchased the policy? Yes No

If you had more than one job, please provide full details in Section 7. (including the number of hours you worked each week)

5 Personal circumstances when you took out the policy (**first named policy holder**) continued

5.5 Your health

At the time of the sale of the policy, did you have a disability or any health problems?

Yes No

If you did, when did the condition(s) first start?
If you are unsure of the exact date, please enter an approximate date.

Please give full details of the condition(s)

Has the condition resulted in you having time off work?

Yes No

If you have been off work due to this condition, when was this and how long were you off work for?

At the time the PPI policy was sold to you, did you receive any benefits because you couldn't work due to your health?

Yes No

If you did please provide full details, such as the date of your first claim. If you're unsure of the exact date, please enter an approximate date.

5.6 About any other insurances

At the time of the sale, did you have any other insurance (e.g. that you would use to cover your monthly payments)?

Yes No

If yes did the insurance also cover the other policy holder in Section 6?

Yes No

If yes please confirm the benefit details:

Yes	No	Type of benefit	Purpose & provider of insurance (e.g. Mortgage – Scottish Widows)	Frequency of benefit:			Lump Sum	Value of benefit £	How long would it have paid for?
				Weekly	Monthly				
<input type="checkbox"/>	<input type="checkbox"/>	Accident & sickness	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Critical illness cover	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Life cover	<input type="text"/>			<input type="checkbox"/>	<input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	

If other please provide details:

6 Personal circumstances when you took out the policy (Second named/joint policy holder)

6.1 Your savings

At the point of sale, did you have any savings? Yes No

IMPORTANT:

- If you did have savings, how much?
- If you don't know the exact amount, please provide an estimate.

Amount of savings £	What were your savings for? (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society)	Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.2 Your employment status

We need to understand your employment status at the time the PPI policy was sold to you. Please provide as much detail as you can.

At the time you took out this PPI policy, what was your employment status?

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Part time * <input type="checkbox"/>	Temp/agency worker <input type="checkbox"/>	Student <input type="checkbox"/>	Homemaker <input type="checkbox"/>

Other (please specify)

* If you worked **part time** when you took out the PPI policy, what were your contracted hours?

If you were **employed** when you took out the PPI policy please answer the following:

What was the name of your employer when you took out the PPI policy?

What type of work did you do when you took out the PPI policy?

How much were you paid per year (before tax)?
 (If you don't know the exact amount, please enter an estimate)
 £

What date did you start this employment?

Were you paying National Insurance Contributions at the time you took out the policy? Yes No

If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?

Did you have more than one job at the time you purchased the policy? Yes No

If you had more than one job, please provide full details in Section 7. (including the number of hours you worked each week)

6 Personal circumstances when you took out the policy (**Second named/joint policy holder**) cont.

6.5 Your health

At the time of the sale of the policy, did you have a disability or any health problems?

Yes No

If you did, when did the condition(s) first start?
If you are unsure of the exact date, please enter an approximate date.

Please give full details of the condition(s)

Has the condition resulted in you having time off work?

Yes No

If you have been off work due to this condition, when was this and how long were you off work for?

At the time the PPI policy was sold to you, did you receive any benefits because you couldn't work due to your health?

Yes No

If you did please provide full details, such as the date of your first claim. If you're unsure of the exact date, please enter an approximate date.

6.6 About any other insurances

At the time of the sale, did you have any other insurance (e.g. that you would use to cover your monthly payments)?

Yes No

If yes did the insurance also cover the other policy holder in Section 5?

Yes No

If yes please confirm the benefit details:

Yes	No	Type of benefit	Purpose & provider of insurance (e.g. Mortgage – Scottish Widows)	Frequency of benefit:			Lump Sum	Value of benefit £	How long would it have paid for?
				Weekly	Monthly				
<input type="checkbox"/>	<input type="checkbox"/>	Accident & sickness	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Critical illness cover	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Life cover	<input type="text"/>			<input type="checkbox"/>	<input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	

If other please provide details:

Please tell us about what happened during the sale of the policy. (For example, what questions were you asked and what were you told about the insurance?)

You can also use this section to tell us about other details. This could be anything else that you think may be relevant to your complaint. Such as, other people named on the policy, any past addresses, second jobs, etc.

Lined area for providing additional information.

7.1 Change in circumstances

Since the time the policy was sold to you, have there been any changes in your circumstances? Such as, you have received an inheritance or no longer live in the UK.

Yes [] No []

If yes please provide full details including the date you first became aware of the change. If you're unsure of the exact date, please enter an estimated date.

If yes when did this occur? [D][D][M][M][Y][Y]

Lined area for providing details of changes in circumstances.

7.2	Accessibility and Practical Needs
------------	-----------------------------------

Please tell us if you need some extra support or have any specific needs, (e.g. someone helps manage your affairs), or you have a physical or mental health condition. Also if you need us to communicate with you in a different format (e.g. large print), let us know here.

Please note, by completing this section you consent to us recording all details you share, which might include sensitive information such as your health. This will only be used in relation to your PPI complaint.

8	Payment details
----------	-----------------

If we uphold your complaint, you may be due a payment. Please provide details of your preferred method of payment below. We will aim to pay you via your preferred method, but in some circumstances, we may not be able to do so. Our final response letter will confirm how we will pay you.

By cheque payable to:

Name

By direct account transfer to:

Sort code

--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--

Account Holder

--

9	Document checklist
----------	--------------------

Do you have any of the following documents from the time the policy was sold? If you do, please send us copies, as it will help with the review of your complaint.

Included	Document type
<input type="checkbox"/>	CCA (Consumer Credit Agreement/application form)
<input type="checkbox"/>	Policy Booklet (Booklet providing details of the key features of the PPI policy)
<input type="checkbox"/>	Your Demands and Needs Statement (Summarises the assessment we made when you took out the PPI policy. Sometimes could be described by us as an YPSOR or SODAN)
<input type="checkbox"/>	Other (e.g. policy summary, statements etc.) <input style="width: 400px;" type="text"/>
<input type="checkbox"/>	No documents provided

I confirm that I would like my concerns about the sale of PPI to be investigated.

I confirm that the details I've provided in this questionnaire are true and accurate to the best of my knowledge.

First named person on the account:

Full name (please print)

Signature

Date

If a third party is acting for you, you should still sign below. We'll take this as confirmation that you've authorised the third party noted in Section 2.2 to handle this complaint for you.

Second named person on the account (if applicable):

Full name (please print)

Signature

Date

To answer your complaint, we will use the personal data you have given us, or that we store in our systems. We may share this with the suppliers that help us to process our complaints. You can read more about how we use your personal data in our privacy notice:

www.lloydsbankinggroup.com/privacy/

If you've given us personal data about someone else, please make sure you have their consent to do this.