RISK ASSURANCE MANAGEMENT

Subject Access Request Form

Coverholder at LLOYD'S

Notes for Completion

Under the General Data Protection Regulations you are entitled to request a copy of the personal data we hold about you and the right to be provided with a copy of your personal data within one month of your request.

If you would like to receive a copy of your personal data please complete this form and send it to:

Mrs Samantha Corby
Operations Director
Risk Assurance Management Limited
Chancery House
Leas Road
GUILDFORD
Surrey GU1 4QW

Please enclose proof of your identity, such as a copy of a valid passport or photo card driving licence

Employer Details

Employer Name:

Policy Name:

Policy Number:

Your Details

Surname: **Forename(s):** **Title:**

Previous Name(s): **Male:** **Female:** **(Please tick appropriate box)**

Address:

Postcode:

Date of Birth: **Daytime telephone number (including STD code):**

Please tick below the information you need:-

a) All personal information including medical information ☐

b) All personal information excluding medical information ☐

c) Medical Information ☐

Note: We may refuse to deal with any request, or part of a request, in relation to medical information as the Data Protection (Subject Access Modification) (Health) Order 2000 requires that we obtain the GP's consent before health records received from a third party can be made available to you. As such, it is our policy to only send medical information we process in respect of you to your GP and you should either make an appointment to see your GP to discuss this information or request a copy of it from your GP who will decide whether to release the information to you.

If you would like a copy of your medical information please provide below your current GP's contact details including their full name

GP and Surgery Name and Address:	Postcode:

<u>Your Consent</u>:

I request the information indicated on this form. If I have requested medical information, I note that Risk Assurance Management Limited will send a copy of this form together with my medical information to my GP who will decide whether to release the information to me.

Your Signature:			
Print Name:		**Date:**	

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Risk Assurance Management Limited, insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority

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