

our ref:

payment protection insurance: consumer questionnaire

WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for consumers to bring a complaint about the sale of payment protection insurance (PPI).
- It is the standard PPI questionnaire used by most financial businesses as well as by the Financial Ombudsman Service.
- The questionnaire asks you for the personal and financial details needed to sort out your complaint.

WHAT DO I NEED TO DO?

- Please fill in this questionnaire, giving as much information as you can.
- It may take you some time to go through the questionnaire and get all your facts together. But having all the information in one place should mean your case can then be assessed more quickly.
- For more information on bringing a PPI complaint, phone the Financial Ombudsman Service on 0300 123 6222 or 0800 121 6222.

section A: about you

A.1 your name and contact details

your details

surname title

first name(s)

date of birth
| d d | m m | y y y y |

details of anyone complaining with you

title

| d d | m m | y y y y |

address for writing to you (including your postcode)

daytime phone mobile

home phone email

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

their name relationship to you

address for writing to them (including postcode)

their daytime phone their fax

their email their ref

A.3 what's the name of the financial business you're complaining about?

A.4 what's the policy number of the payment protection insurance you're complaining about?

section B: about the sale of the insurance

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	can't remember <input type="checkbox"/>
d	d	m	m	y	y	y	y	

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

<input type="checkbox"/> single	<input type="checkbox"/> joint
---------------------------------	--------------------------------

B.3 how was this insurance sold to you?

You might have been sold the insurance at a *different time* to when you took out your loan or credit.

- | |
|--------------------------------------------------------------|
| <input type="checkbox"/> during a meeting |
| <input type="checkbox"/> during a phone conversation |
| <input type="checkbox"/> you were given a leaflet to fill in |
| <input type="checkbox"/> over the internet |
| <input type="checkbox"/> by post |
| <input type="checkbox"/> can't remember |

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

- | |
|-----------------------------------------|
| <input type="checkbox"/> yes |
| <input type="checkbox"/> no |
| <input type="checkbox"/> can't remember |

B.5 how did you pay for this insurance?

- | |
|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> with a single payment ("premium") paid up-front as a one-off |
| <input type="checkbox"/> with a "premium" paid each month |
| <input type="checkbox"/> not sure |

B.6 what's the current situation with this insurance?

- | |
|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> the insurance is still running |
| <input type="checkbox"/> the insurance ended when the loan was paid off
(or when the credit card account was closed) |
| <input type="checkbox"/> the insurance was cancelled (if so, when did this happen?) |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

section B: about the sale of the insurance

B.7 have you ever made a claim on the payment protection insurance you're complaining about?

yes * no

* If "yes", tell us below why you claimed on the policy (for example, you were made unemployed) and the date of your claim. Also tell us if the insurer turned down your claim.

Please enclose copies of any paperwork you received from the insurer about this claim.

section C: about the money you borrowed

C.1 what did you buy the payment protection insurance to cover?

- a personal loan
- a business loan
- a credit card
- a mortgage
- an overdraft
- a store card
- a loan secured on your home *in addition* to your mortgage
- catalogue shopping
- hire purchase
- not sure

what was the account number?

This account number will be different to the insurance policy number on page 1 (at question A.4).

C.2 what was your reason for borrowing the money (or taking out the credit)?

- refinancing or consolidating other debts
(if so, please complete question C.3 on the next page)
- buying a car
- paying for home improvements
- paying for a wedding
- paying for a holiday
- non-essential spending (for example, buying a new TV)
- essential everyday spending (for example, rent, household bills or food shopping)
- business loan
- other (please tell us more below)

section C: about the money you borrowed

C.3 if you borrowed the money to pay off *other debts*, please tell us more about those debts?

what were the names of the companies you had those <i>other debts</i> with?	were they credit cards or loans?	how much did you owe?	when did you take them out?	when did you pay them off?
		£		
		£		
		£		

C.4 have you ever missed payments – or gone into arrears – on the loan or credit you listed in question C.1?

yes * no

* If “yes”, please tell us more below.

For example – how many times have you missed payments and by how much – and what’s your current situation?

section D: about your personal circumstances

D.1 at the time you took out the payment protection insurance, what was your employment status (and your partner's – if relevant)?

you

- employed
- self employed
- temporary / agency worker
- not working
- retired
- director of own company
- student in full-time or part-time education
- working fewer than 16 hours
- not known
- other

If you were a student – but *a/so* had a job – how many hours were you working each week?

your partner

- employed
- self employed
- temporary / agency worker
- not working
- retired
- director of own company
- student in full-time or part-time education
- working fewer than 16 hours
- not known
- other

If your partner was a student – but *a/so* had a job – how many hours were they working each week?

D.2 if your employment status has changed since you took out the insurance, tell us how.

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 of your employer?

you

type of work

name of your employer(s)

your partner

section D: about your personal circumstances

D.4 how long had you been working there, when you took out the payment protection insurance?

you

years

months

your partner

years

months

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

you

- yes *
- no
- can't remember
- not relevant (as you weren't employed)

your partner

- yes *
- no
- can't remember
- not relevant (as they weren't employed)

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

- less than 3 months
- 3 months or more, but less than 6 months
- 6 months or more, but less than 12 months
- 12 months or more
- no pay (or statutory pay)
- other (please tell us more below)

D.6 if you hadn't been able to work (because you were ill, in an accident or had been made redundant), would you have had any other way of making your repayments?

For example – from savings or other insurance policies.

you

yes * no

your partner

yes * no

* If "yes", how would you have made your repayments – if you hadn't been able to work?

- from savings or insurance – worth less than 3 months of your pay
- from savings or insurance – worth 3 months or more, but less than 6 months of your pay
- from savings or insurance – worth 6 months or more, but less than 12 months of your pay
- from savings or insurance – worth 12 months or more of your pay
- none
- by some other means (please tell us more below)

section D: about your personal circumstances

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

you

yes * no

your partner

yes * no

* If “yes”, have you ever been off work because of this condition – and if so, for how long?

section E: about your complaint

this page is for you to tell us 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 the insurance.
- How the cost, benefits and terms of the insurance were explained to you.
- The questions you asked before taking out the insurance.
- Why you decided to take 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.

finally, 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

“ I confirm 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. ”

your name

your signature

d	d	m	m	y	y	y	y

your name

your signature

d	d	m	m	y	y	y	y

You (and your partner, if it's a joint complaint) need to sign here – even if *someone else* is bringing the complaint on your behalf.

If someone is complaining for you (eg a relative or claims manager), your signature here means you authorise the person named on page 1 to represent you in this complaint.

please tick ✓ to confirm you have ...

- included everything you want to tell us about your complaint
 - signed the declaration above
 - enclosed copies of all relevant documents
- or
- not* enclosed any documents with this form

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please use this page if you need more space

question
number

your answer