

Payment Protection Insurance Policy Customer Complaint Questionnaire



Our regulator, the Financial Conduct Authority imposed a timebar on 29 August 2019 for people wishing to make a complaint about their Payment Protection Insurance policies. As your complaint was received after this date, we are not able to consider your complaint further unless you were unable to make your complaint prior to the 29 August 2019 due to exceptional circumstances.

If you feel you missed the deadline because of exceptional circumstances, please provide us with further details of these in the section below and we will review the additional information. Examples of circumstances we may consider to be exceptional are where you were unable to make your complaint due to serious illness, bereavement or if the delay has been caused by a Tesco Bank error. In order for us to consider the complaint we will need to see evidence that you were affected by circumstances that were exceptional and that those circumstances caused the delay.

You can also make a complaint if you had a live PPI policy on 29 August 2017 and had a claim on it after 29 August 2017 that was rejected for reasons related to the sale. The complaint must be related to the reason the claim was rejected, for example, eligibility, exclusions or limitations.

You can also make a complaint about the administration of the policy following the sale.

Details about you

Name*

(If your name has changed since you applied for the credit card, please also provide your previous surnames)

Current Address

(If your address has changed since you applied for the credit card, please also provide your previous addresses with postcodes)

House/Flat no*

Street Name*

Town/City*

County*

Postcode*

Previous address

(if required)

Details of Exceptional Circumstances

Please provide full details of why you were unable to make your complaint prior to the 29 August 2019 deadline.

Date of birth (DD/MM/YYYY)*

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*Mandatory fields. These must be completed.

Complaint Reference Number

Account Number(s)

Payment Protection Insurance Start Date

Why did you decide to take out the PPI policy?

Why are you unhappy with the PPI policy?*

Telephone Number(s)

Daytime

Evening

Best time(s) to call **Morning** **Afternoon** **Evening**

If you wish to submit a complaint, to help us understand your situation more please complete this questionnaire recalling when you added the Payment Protection Insurance policy to your account. Please complete all sections marked as mandatory as a minimum, this will allow us to trace your Payment Protection Insurance policy.

If you are complaining about the sale of your Payment Protection Insurance policy, please complete questions 1-13 with as much detail as possible to allow us to investigate your complaint fully. If you are unable to recall certain details please let us know, this will not prevent us from investigating your complaint.

If you have already complained about the sale of your Payment Protection Insurance Policy and wish to make a new complaint about an unfair relationship as a result of the amount of undisclosed commission/profit share charged, please complete the "Details about you" section below including any complaint reference you have been provided with previously if known.

Once you have completed the questionnaire please return it in the enclosed pre-paid envelope. We may call you to discuss the information you provide.

Questionnaire

Please can you provide your recollections for all questions in the boxes below?
(This section does not need to be completed for undisclosed commission complaints)

1. Did you work for 16 hours or more per week at the time of the sale?

Yes No

2. Were you employed or self employed at the time of the sale? Please give details of the name of your employer/your company, how long you had worked there, salary, etc.

*Mandatory fields. These must be completed.

3. Were you told the Payment Protection Insurance policy was optional?

4. Was the cost of the Payment Protection Insurance policy and how this would be added to your account explained?

5. What was explained to you about how to cancel the Payment Protection Insurance policy during the term of your account?

6. What was explained to you about what the Payment Protection Insurance policy did and didn't cover?

7. Did you feel pressured to add the Payment Protection Insurance policy and, if so, why?

8. Do you feel we gave you any advice to add the Payment Protection Insurance policy and, if so, what did we say?

9. Did you suffer from any health problems at or before the time of the sale? Please provide details including date of diagnosis, symptoms, any time off work.

10. If you had any existing cover in place that would have allowed you to make your repayments, such as Income Protection Cover or Accident, Sickness and Unemployment Cover (ASU), please provide full details including the value of the cover you had, how long it would pay out for, etc.

11. If you had any employer benefits in place that would have allowed you to make your repayments, such as sick pay or a redundancy package, please provide full details including the value of the cover you had, how long it would pay out for, etc.

12. If you had any other means of making your repayment, such as savings or investments, please provide full details including the amount you had, whether they were set aside for a specific purpose, etc.

13. Is there anything else that you would like to tell us about when you added the Payment Protection Insurance policy to your credit card and why you are unhappy with it? Please detail your complaint points to allow us to investigate your claim.

Please use this section if you need more space for any of your answers to the questions above

Signed _____ **Date** _____